

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

Office Use Only

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

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

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different
than previously
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2006

through

09

30

2006

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

10

18

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	9		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		225102.30
(b) Cash on Hand at Beginning of Reporting Period	187692.02	
(c) Total Receipts (from Line 19)	42625.11	330956.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	230317.13	556058.67
7. Total Disbursements (from Line 31)	49738.24	375479.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	180578.89	180578.89
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	1 1 0 2 2 0 0 4	CA

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

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	40763.08	277412.22
(i) Itemized (use Schedule A)		
(ii) Unitemized	1789.63	52810.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	42552.71	330222.94
(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) ➤	42552.71	330222.94
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	72.40	733.43
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))	42625.11	330956.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42625.11	330956.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	188.24	3129.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	188.24	3129.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	233500.00
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.....	4050.00	138850.00
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))..	49738.24	375479.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	49738.24	375479.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42552.71	330222.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42552.71	330222.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	188.24	3129.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	188.24	3129.78

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

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

FOR LINE NUMBER: PAGE 6 / 303

(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 LUCILLE ACCETTA
Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26640

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS LESLIE ACHTER
Mailing Address 821 ALBEMARLE STREET

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC:A:26621

Amount of Each Receipt this Period

12.50

C. Full Name (Last, First, Middle Initial)
MR EDWARD ADAMCIK
Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26568

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 303

(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 ADLER

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK **NY** **10990**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26620

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City State Zip Code
DOYLESTOWN **PA** **18901**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26889

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)
MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE **NY** **10583**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26675

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 303

(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) TEJWANSI ANAND Mailing Address 10 WHIPPOORWILL LAKE ROAD City State Zip Code CHAPPAQUA NY 10514 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26864 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) DR ROGER ANDERSON Mailing Address 833 OXFORD COURT City State Zip Code LEWISVILLE TX 75056 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2565.30		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26884 Amount of Each Receipt this Period 192.30
C. Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS Mailing Address 417 MILLS COURT City State Zip Code FLORHAM PARK NJ 07932 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR EXEC CORR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26737 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 303

(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 DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26689

Amount of Each Receipt this Period

25.00

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

Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26810

Amount of Each Receipt this Period

25.00

C. 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 ▼

720.00

Date of Receipt

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

Transaction ID: INC:A:26748

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 303

(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 BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC:A:26895

Amount of Each Receipt this Period

250.00

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

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
CARROLLTON TX 75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26809

Amount of Each Receipt this Period

50.00

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

Mailing Address 1813 ADONIS AVE

City State Zip Code
HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC:A:26855

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

305.00

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 11 / 303

(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 PETER BEGANS
Mailing Address 1605 CHARNITA CT

City State Zip Code
VIENNA VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC:A:26713

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL
Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26867

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS EILEEN BIDELE
Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC:A:26743

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 303

(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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26757

Amount of Each Receipt this Period

25.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code
 WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

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

Transaction ID: INC:A:26862

Amount of Each Receipt this Period

192.00

C. Full Name (Last, First, Middle Initial)
MR MITCHELL BLASHINSKY

Mailing Address 116 TAYLORS MILL RD

City State Zip Code
 MANALAPAN NJ 07726

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GENERIC DRUG PURCHASING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC:A:26824

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 303

(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 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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26704

Amount of Each Receipt this Period

25.00

B. 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
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26857

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code
 WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC:A:26677

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 14 / 303

(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 JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City	State	Zip Code
BRYN MAWR	PA	19010

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26604

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City	State	Zip Code
RICHMOND	VA	23231

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: INC:A:26815

Amount of Each Receipt this Period

200.00

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

Mailing Address 15 DAWN LANE

City	State	Zip Code
RINGWOOD	NJ	07456

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC:A:26851

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 303

(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
PO BOX 708

City State Zip Code
COATESVILLE PA 19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

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

Transaction ID: INC:A:26805

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26786

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City State Zip Code
PELHAM MANOR NY 10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC:A:26660

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 16 / 303

(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 KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26601

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City State Zip Code
WASHINGTONVILLE NY 10992

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26785

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE BURNITE

Mailing Address 68 WOODLAND DRIVE

City State Zip Code
CHURCHVILLE PA 18966

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC:A:26874

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 17 / 303

(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 KEVIN BURON Mailing Address 301 TEMPLETON CT City State Zip Code GRANITE BAY CA 95746 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26692 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City State Zip Code WEST CALDWELL NJ 07006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26629 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEMBER STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MRS DOREEN CALDER Mailing Address 441 S ELM STREET City State Zip Code MAYWOOD NJ 07607 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26554 Amount of Each Receipt this Period 40.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 303

(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 RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code
 ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: INC:A:26779

Amount of Each Receipt this Period

52.50

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

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code
 TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC:A:26822

Amount of Each Receipt this Period

13.00

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

Mailing Address 822 CEDAR AVE

City State Zip Code
 HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26695

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 303

(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 KAREN CATHCART RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 148 CLUBHOUSE DR		Transaction ID: INC:A:26571	
City WEST COLUMBIA	State SC	Zip Code 29172	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

B. Full Name (Last, First, Middle Initial) MR FRANK COLIANO		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 5176 BALDWIN TERRACE		Transaction ID: INC:A:26632	
City MARIETTA	State GA	Zip Code 30068	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) MR JOSEPH CONOSHENTI, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 5 MAGNOLIA DRIVE		Transaction ID: INC:A:26577	
City MARLBORO	State NJ	Zip Code 07746	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR DUR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 303

(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)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
 NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26876

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26594

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC:A:26676

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 303

(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)

Full Name (Last, First, Middle Initial)

A. MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City State Zip Code
 RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26761

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
 PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: INC:A:26739

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City State Zip Code
 MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

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

Transaction ID: INC:A:26656

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 22 / 303

(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 DANIEL DAVISON Mailing Address 402 HIGHLAND AVE City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRICING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26780 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR LUCA DEFLORENTIIS Mailing Address W62 N1032 FAIRHAVEN CT City State Zip Code CEDARBURG WI 53012 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26714 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS KAREN DEZEARN Mailing Address 3625 PATTERNSTONE DR City State Zip Code ALPHARETTA GA 30022 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26573 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 23 / 303

(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 ROBBIN DICESARE Mailing Address 1003T HIGH STREET City State Zip Code BURLINGTON TOWNSHI NJ 08016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26775 Amount of Each Receipt this Period 9.28
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR MGR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.92		
B. Full Name (Last, First, Middle Initial) MR WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26628 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		
C. Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE City State Zip Code WEST CALDWELL NJ 07006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26762 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

59.28

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 24 / 303

(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 MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City	State	Zip Code
ALLENTOWN	PA	18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26586

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City	State	Zip Code
IRVINE	CA	92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26816

Amount of Each Receipt this Period

50.00

C. 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 SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

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

Transaction ID: INC:A:26870

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 25 / 303

(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 DANA DUNCAN Mailing Address 72 HALLEY DR City POMONA State NY Zip Code 10970 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR ENGINEERING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26698 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	6														
25.00																							
B. Full Name (Last, First, Middle Initial) MR YAACOV DUSHEK Mailing Address 312 MEGAN 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 BENEFIT DELIVERY SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26753 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	6														
25.00																							
C. Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN Mailing Address 908 EDGEMEER LANE City SOUTHLAKE State TX Zip Code 76092 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1343.55		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26839 Amount of Each Receipt this Period <table border="1"> <tr> <td>34.45</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	34.45
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	6														
34.45																							
SUBTOTAL of Receipts This Page (optional) ▶		<table border="1"> <tr> <td>84.45</td> </tr> </table>	84.45																				
84.45																							
TOTAL This Period (last page this line number only) ▶		<table border="1"> <tr> <td></td> </tr> </table>																					

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

FOR LINE NUMBER: PAGE 26 / 303

(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 MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26600

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR 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 SOLUTIONSOccupation
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

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

Transaction ID: INC:A:26883

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 SOLUTIONSOccupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26754

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 303

(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 BRAD EPSTEIN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 359 LONG HILL ROAD EAST		Transaction ID: INC:A:26887 Amount of Each Receipt this Period 40.00
City BRIARCLIFF MANOR	State Zip Code NY 10510	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B. Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 75 TWEED BLVD		Transaction ID: INC:A:26548 Amount of Each Receipt this Period 120.00
City UPPER GRANDVIEW	State Zip Code NY 10960	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CMO SVP MEDICAL&ANLYTC AFFRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

C. Full Name (Last, First, Middle Initial) MR SCOTT ERHARDT		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 11505 40TH AVE N		Transaction ID: INC:A:26669 Amount of Each Receipt this Period 15.00
City PLYMOUTH	State Zip Code MN 55441	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR ACCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 303

(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 YAKOV ESTERLIS

Mailing Address 25 STONEHEDGE DR

City State Zip Code
 WEST NYACK NY 10994

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26841

Amount of Each Receipt this Period

25.00

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

MR EDWARD FARGIS

Mailing Address 216 ELMWOOD AVENUE

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
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26863

Amount of Each Receipt this Period

25.00

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

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26661

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 303

(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 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 ▼

3844.60

Date of Receipt

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

Transaction ID: INC:A:26693

Amount of Each Receipt this Period

192.23

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 ▼

300.00

Date of Receipt

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

Transaction ID: INC:A:26817

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS FERRAZZANO
Mailing Address 138 HEIGHTS ROAD

City State Zip Code
RIDGEWOOD NJ 07450

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 ▼

525.00

Date of Receipt

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

Transaction ID: INC:A:26781

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 303

(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 132 PROSPECT RD

City State Zip Code
MONROE NY 10950

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 ▼

225.00

Date of Receipt

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

Transaction ID: INC:A:26608

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 State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26651

Amount of Each Receipt this Period

25.00

C. 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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26730

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 303

(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 FREND0
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: INC:A:26745

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR ANDREW FRIEDEL
Mailing Address 55 WHEELER

City State Zip Code
EDGEWOOD RI 02905

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 ▼

600.00

Date of Receipt

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

Transaction ID: INC:A:26619

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH GALARDI
Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26546

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 303

(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 PAMELA GALASSINI

Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC:A:26850

Amount of Each Receipt this Period

100.00

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 ▼

300.00

Date of Receipt

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

Transaction ID: INC:A:26818

Amount of Each Receipt this Period

15.00

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 ▼

731.92

Date of Receipt

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

Transaction ID: INC:A:26720

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 303

(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 34 TOWN VIEW DRIVE

City State Zip Code
WAPPINGER FALLS NY 12590

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 ▼

2500.00

Date of Receipt

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

Transaction ID: INC:A:26872

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
MR OMHARAI SRIRAM GANGAIKONDAN-IYER
Mailing Address 9 CAIRNES ROAD

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC:A:26877

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR PETER GAYLORD
Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL EVALUATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26545

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 34 / 303

(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 FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City	State	Zip Code
ROBBINSVILLE	NJ	08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26626

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City	State	Zip Code
GALLOWAY	OH	43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC:A:26584

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City	State	Zip Code
SADDLE RIVER	NJ	07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

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

Transaction ID: INC:A:26846

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

254.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 303

(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 MICHELE GLYNN Mailing Address 5333 EAST HELENA DRIVE City SCOTTSDALE State AZ Zip Code 85254 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26765 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. City GLEN ROCK State NJ Zip Code 07452 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ORG DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26794 Amount of Each Receipt this Period 15.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26595 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 303

(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 GRANT, JR
Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26641

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD GRIX
Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

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

Transaction ID: INC:A:26663

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 State Zip Code
CONVENT STATION NJ 07960

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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26688

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 303

(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 State Zip Code
STATEN ISLAND NY 10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC:A:26587

Amount of Each Receipt this Period

15.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: INC:A:26560

Amount of Each Receipt this Period

90.00

C. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

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

Transaction ID: INC:A:26755

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 303

(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 State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26849

Amount of Each Receipt this Period

50.00

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

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26819

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3620.03

Date of Receipt

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

Transaction ID: INC:A:26547

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 303

(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 BILL 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 DIR PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26892 Amount of Each Receipt this Period 25.00
B. 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 DIR SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26605 Amount of Each Receipt this Period 25.00
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 PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26588 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 303

(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 ERIC HESS Mailing Address 10 CARLTON RD City FLANDERS State NJ Zip Code 07836 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26653 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 1 HERITAGE RD City FLORHAM PARK State NJ Zip Code 07932 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26728 Amount of Each Receipt this Period 50.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26795 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional) ▶		120.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 41 / 303

(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 HOGAN Mailing Address 9 HIRLE ST City State Zip Code CORNWALL ON HUDSON NY 12520 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26665 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City State Zip Code ELMSFORD NY 10523 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26751 Amount of Each Receipt this Period 80.00
C. Full Name (Last, First, Middle Initial) MS CYNTHIA HORN Mailing Address 9553 ANDREW DR City State Zip Code TWINSBURG OH 44087 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CUST SVC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 293.80		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26896 Amount of Each Receipt this Period 14.69

SUBTOTAL of Receipts This Page (optional)

119.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 303

(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			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 30 AVENUE AT PORT IMPERIAL APT. 415			Transaction ID: INC:A:26894	
City State Zip Code WEST NEW YORK NJ 07093			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
B. Full Name (Last, First, Middle Initial) MR WALTER HOSP			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 1 OLD LANE			Transaction ID: INC:A:26709	
City State Zip Code SCARSDALE NY 10583			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP TREASURY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00		
C. Full Name (Last, First, Middle Initial) MS JANE HULSE			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 95 GORDON RD			Transaction ID: INC:A:26784	
City State Zip Code ESSEX FELLS NJ 07021			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 303

(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 JEANNINE INFANTINO
Mailing Address 34 MOHEGAN TRL

City State Zip Code
SADDLE RIVER NJ 07458

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 ▼

375.00

Date of Receipt

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

Transaction ID: INC:A:26582

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DAVID ISRAEL
Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26550

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN ITO
Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26556

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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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 WILLIAM JACKSON

Mailing Address 105 ROOSEVELT AVE

City State Zip Code
WEST ORANGE **NJ** **07052**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26826

Amount of Each Receipt this Period

15.00

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

Mailing Address 15 ELIZABETH STREET

City State Zip Code
DUMONT **NJ** **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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26837

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MISS ANNE JOHNSTON

Mailing Address 256 MADISON AVE

City State Zip Code
RIVER EDGE **NJ** **07661**

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26835

Amount of Each Receipt this Period

30.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 303

(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 12 WADE HAMPTON TRAIL

City State Zip Code
 HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.12

Date of Receipt

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

Transaction ID: INC:A:26797

Amount of Each Receipt this Period

15.08

B. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code
 PRIOR LAKE MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26684

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 State Zip Code
 MENOMONEE FALLS WI 53051

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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26674

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.08

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 46 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26856 Amount of Each Receipt this Period 25.00
B. 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 VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26722 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City HACKENSACK State NJ Zip Code 07601 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26574 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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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 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 MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26710

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26828

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR JON KLINE

Mailing Address 36 CORTLAND TL

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.80

Date of Receipt

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

Transaction ID: INC:A:26858

Amount of Each Receipt this Period

50.54

SUBTOTAL of Receipts This Page (optional)

150.54

TOTAL This Period (last page this line number only)

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

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

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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)

Full Name (Last, First, Middle Initial)

A. MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City State Zip Code
 BOONTON NJ 07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26821

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code
 BOWLING GREEN OH 43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: INC:A:26593

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
 KENOSHA WI 53144

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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26681

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)
or 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 JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: INC:A:26616

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

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

Transaction ID: INC:A:26758

Amount of Each Receipt this Period

55.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26807

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 303

(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 MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: INC:A:26749

Amount of Each Receipt this Period

15.00

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

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC:A:26712

Amount of Each Receipt this Period

100.00

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

JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City State Zip Code
WALDWICK NJ 07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC:A:26888

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 303

(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 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 NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26703 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
25.00																																
B. Full Name (Last, First, Middle Initial) MR ROSS LUCE Mailing Address 2116 BELLANCA CT. City FLOWER MOUND State TX Zip Code 75028 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26623 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	10.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
10.00																																
C. Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City SUMMIT State NJ Zip Code 07901 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CREATIVE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26668 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 52 / 303

(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 CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PLACE City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26746 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		
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		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26655 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		
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		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26558 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 53 / 303

(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 TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26670

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City	State	Zip Code
CLARKSVILLE	MD	21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

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

Transaction ID: INC:A:26636

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City	State	Zip Code
SUSSEX	NJ	07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26603

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 303

(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 MAY
Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

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

Transaction ID: INC:A:26798

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MS PATRICIA MAZZONE
Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26708

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR DANIEL MCCRONE
Mailing Address 41 HENRY COURT

City State Zip Code
MOUNT ARLINGTON NJ 07856

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 ▼

600.00

Date of Receipt

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

Transaction ID: INC:A:26885

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 303

(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 MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code
 FAIR LAWN NJ 07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26752

Amount of Each Receipt this Period

25.00

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

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
 HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2320.00

Date of Receipt

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

Transaction ID: INC:A:26711

Amount of Each Receipt this Period

116.00

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

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
 WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

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

Transaction ID: INC:A:26834

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

333.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 56 / 303

(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 EDWARD MCNEILEY Mailing Address 5646 BIRCHWOOD CIRCLE City LAS VEGAS State NV Zip Code 89120 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26659 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	15.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
15.00																																
B. Full Name (Last, First, Middle Initial) MRS WENDY MELLO Mailing Address PO BOX 43232 City MONTCLAIR State NJ Zip Code 07043 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MKTING & STRATEGIC ANAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26597 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
25.00																																
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26562 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 303

(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 KAREN MILLER		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 34 ROBERT MACKENZIE LANE NORTH		Transaction ID: INC:A:26557	
City DENVER	State NJ	Zip Code 07834	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
B. Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 12 LINCOLN ROAD		Transaction ID: INC:A:26847	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR E-COM STRAT & DELI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 106 HAMBURG ROAD		Transaction ID: INC:A:26566	
City PARSIPPANY	State NJ	Zip Code 07054	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 303

(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 PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
WARRINGTON PA 18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26652

Amount of Each Receipt this Period

25.00

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26551

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR TREVOR MORRIS

Mailing Address 25611 ROLLING HILLS RD

City State Zip Code
LAGUNA HILLS CA 92653

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 ▼

350.00

Date of Receipt

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

Transaction ID: INC:A:26634

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 59 / 303

(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 RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City	State	Zip Code
SPARTA	NJ	07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26829

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City	State	Zip Code
TRUMBULL	CT	06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP MKT STRATEGY & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: INC:A:26591

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City	State	Zip Code
HASBROUCK HEIGHTS	NJ	07604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26592

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 303

(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 ARTHUR NARDIN

Mailing Address 28 POWDERHORN DR

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

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

Transaction ID: INC:A:26800

Amount of Each Receipt this Period

192.00

B. Full Name (Last, First, Middle Initial)
MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City State Zip Code
SPARTA NJ 07871

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 ▼

520.00

Date of Receipt

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

Transaction ID: INC:A:26673

Amount of Each Receipt this Period

26.00

C. Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code
RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26820

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

268.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 303

(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 MELVIN OHL
Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26776

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN
Mailing Address 4 HIGHGATE CT

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26813

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
ALEXANDER ONIK
Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26891

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 303

(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 NATALYA ONIK			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 1 SCHINDLER CT			Transaction ID: INC:A:26690	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
UPPER SADDLE RIVER	NJ	07458		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 4 TEAK COURT			Transaction ID: INC:A:26764	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
RINGWOOD	NJ	07456		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) MS DAWN PAGANO			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 185 PASCACK ROAD			Transaction ID: INC:A:26763	
City	State	Zip Code	Amount of Each Receipt this Period 50.00	
PARK RIDGE	NJ	07656		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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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 PAGANO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 185 PASCACK RD		Transaction ID: INC:A:26759
City PARK RIDGE	State NJ	Zip Code 07656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) MRS MICHELE PAIGE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 12 MILLBROOK COURT		Transaction ID: INC:A:26686
City LIVINGSTON	State NJ	Zip Code 07039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MARKET STRATEGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) MR JAY PATEL		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 14 BROWNSTONE TERRACE		Transaction ID: INC:A:26880
City HAWTHORNE	State NJ	Zip Code 07506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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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 PETEROY

Mailing Address 18 MOUNTAIN VIEW CT

City State Zip Code
RIVERDALE NJ 07457

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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26747

Amount of Each Receipt this Period

25.00

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

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC:A:26630

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26559

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 303

(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 JANET PORAT
Mailing Address 5 CRABAPPLE CT

City State Zip Code
MONSEY NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26633

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE
Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

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

Transaction ID: INC:A:26696

Amount of Each Receipt this Period

192.30

C. Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET
Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26792

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

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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 MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC:A:26852

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
 KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: INC:A:26869

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code
 SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26575

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

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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 JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.60

Date of Receipt

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

Transaction ID: INC:A:26783

Amount of Each Receipt this Period

65.38

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

MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City State Zip Code
NORWALK CT 06850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26650

Amount of Each Receipt this Period

25.00

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 ▼

1400.00

Date of Receipt

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

Transaction ID: INC:A:26866

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

160.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 303

(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 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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26602

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26865

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26648

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26793 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO Mailing Address 3103 RIO VISTA DRIVE City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26789 Amount of Each Receipt this Period 85.00
C. 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 MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY & COVERAGE MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26664 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 303

(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 ANTHONY RUSSO

Mailing Address 66 FINCH RD

City State Zip Code
 RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROF PRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC:A:26742

Amount of Each Receipt this Period

20.00

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

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code
 MAPLEWOOD NJ 07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.80

Date of Receipt

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

Transaction ID: INC:A:26782

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 ▼

400.00

Date of Receipt

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

Transaction ID: INC:A:26808

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

123.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 303

(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 SARDONE

Mailing Address 7 AHERN WAY

City State Zip Code
 WEST ORANGE NJ 07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26683

Amount of Each Receipt this Period

25.00

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

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City State Zip Code
 GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26788

Amount of Each Receipt this Period

50.00

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

MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code
 LAS VEGAS NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.88

Date of Receipt

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

Transaction ID: INC:A:26644

Amount of Each Receipt this Period

8.92

SUBTOTAL of Receipts This Page (optional)

83.92

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 72 / 303

(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 ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City	State	Zip Code
EVANSTON	IL	60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26598

Amount of Each Receipt this Period

25.00

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

Mailing Address 7330 EVEREST LANE - NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26823

Amount of Each Receipt this Period

25.00

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

Mailing Address 13514 MOTTLESTONE DRIVE NW

City	State	Zip Code
PICKERINGTON	OH	43147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26723

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 73 / 303

(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 ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City	State	Zip Code
WAYNE	NJ	07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26578

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City	State	Zip Code
WESTWOOD	NJ	07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26844

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City	State	Zip Code
LAS VEGAS	NV	89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.35

Date of Receipt

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

Transaction ID: INC:A:26707

Amount of Each Receipt this Period

28.85

SUBTOTAL of Receipts This Page (optional)

103.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 303

(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			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 62 FRANKLIN TURNPIKE			Transaction ID: INC:A:26565	
City State Zip Code ALLENDALE NJ 07401			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		
B. Full Name (Last, First, Middle Initial) MR FRANK SHEEHY			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 119 HAMILTON RD			Transaction ID: INC:A:26612	
City State Zip Code RIDGEWOOD NJ 07450			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		
C. Full Name (Last, First, Middle Initial) MR PETER SHERMAN			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 139 GATES AVENUE			Transaction ID: INC:A:26552	
City State Zip Code MONTCLAIR NJ 07042			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation MANAGING COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 303

(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 ELWOOD SIDES III Mailing Address 150 CLAREMONT AVE City State Zip Code LONG BEACH CA 90803 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26617 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS JODI SILBERMANN Mailing Address 16 TULIP LANE City State Zip Code RANDOLPH NJ 07869 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26801 Amount of Each Receipt this Period 10.00
C. Full Name (Last, First, Middle Initial) JEFFREY SIMEK Mailing Address 197 OXFORD RD City State Zip Code CHESTER NY 10918 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26691 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)

227.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 303

(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		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 2390 GREENVIEW ROAD		Transaction ID: INC:A:26830
City NORTHBROOK	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) MR JEFFREY SINKO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 10 CHERRY TREE LANE		Transaction ID: INC:A:26717
City KINNELON	State NJ	Zip Code 07405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C. Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 564 DALE COURT EAST		Transaction ID: INC:A:26576
City RIVER VALE	State NJ	Zip Code 07675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 303

(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 DAVID SITVER			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 24 YORKSHIRE AVE			Transaction ID: INC:A:26678	
City State Zip Code SUFFERN NY 10901			Amount of Each Receipt this Period 31.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.00		
B. Full Name (Last, First, Middle Initial) ANN SMITH			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 437 GLENDALE RD			Transaction ID: INC:A:26682	
City State Zip Code WYCKOFF NJ 07481			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation Sr Dir Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MR ROBERT SMITH			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 40 JOSHUA DR T			Transaction ID: INC:A:26806	
City State Zip Code RAMSEY NJ 07446			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)

106.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 303

(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 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 ▼

3846.20

Date of Receipt

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

Transaction ID: INC:A:26859

Amount of Each Receipt this Period

192.31

B. Full Name (Last, First, Middle Initial)
MR ALAN SOKALER
Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

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

Transaction ID: INC:A:26879

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO
Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26561

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 303

(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 CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON **NY** **10604**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26791

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN **TX** **78732**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26832

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON **NJ** **07630**

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 **02** **2006**

Transaction ID: INC:A:26637

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 303

(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 SUSAN STEELE
Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26897

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER
Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26671

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR GLEN STETTIN
Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC:A:26848

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 303

(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 STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26886

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26596

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26831

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 82 / 303

(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 CYNTHIA SULLIVAN Mailing Address 21 DENISE DRIVE City KINNELON State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCIAL PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26790 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR MARK SULLIVAN Mailing Address 821 SUMMIT CT City MANAKIN SABOT State VA Zip Code 23103 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CS SYSTEMS PLAN & IMPLEM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26563 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS IRENE SUTTON Mailing Address 374 KINGSTON CT 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26614 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 303

(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		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 8362 GOLDEN PRAIRIE DRIVE		Transaction ID: INC:A:26646
City TAMPA	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1385.00	

B. Full Name (Last, First, Middle Initial) MS MARY THORSBY		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 17326 ELLEN DR		Transaction ID: INC:A:26662
City LIVONIA	State MI	Zip Code 48152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

C. Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 7974 FLAMETREE CT		Transaction ID: INC:A:26702
City LAS VEGAS	State NV	Zip Code 89123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.50
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional)

137.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 303

(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 TOBIN Mailing Address 838 COLONIAL RD City State Zip Code FRANKLIN LAKES NJ 07417 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26570 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER Mailing Address 713 INDIAN CREEK RD City State Zip Code AMHERST VA 24521 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26715 Amount of Each Receipt this Period 75.00
C. Full Name (Last, First, Middle Initial) MR GARY TULLY Mailing Address 16 FIELDHEDGE DRIVE City State Zip Code HILLSBOROUGH NJ 08844 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26836 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 303

(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 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 SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26657 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address W328 S4230 SPRING RIDGE City WAUKESHA State WI Zip Code 53188 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26898 Amount of Each Receipt this Period 20.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26705 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 303

(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 WILBER VELARDE			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 443 WEST SADDLE RIVER RD			Transaction ID: INC:A:26613	
City State Zip Code UPPER SADDLE RIVER NJ 07458			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) MR GORDON VICKERS			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 436 MOUNTAIN AVENUE			Transaction ID: INC:A:26549	
City State Zip Code WESTFIELD NJ 07090			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MR MUNISH VJ			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 2108 HENRY COURT			Transaction ID: INC:A:26873	
City State Zip Code MAHWAH NJ 07430			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation TECHNICAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 87 / 303

(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 MICHAEL WAIBEL Mailing Address N48 W16381 LONE OAK LN City State Zip Code MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26672 Amount of Each Receipt this Period 15.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		
B. Full Name (Last, First, Middle Initial) MR DANIEL WALDEN Mailing Address 450 BEECHMONT DR City State Zip Code NEW ROCHELLE NY 10804 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26766 Amount of Each Receipt this Period 192.31
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3846.20		
C. Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE Mailing Address 5445 GOODWIN AVENUE City State Zip Code DALLAS TX 75206 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6 Transaction ID: INC:A:26875 Amount of Each Receipt this Period 192.31
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3846.20		

SUBTOTAL of Receipts This Page (optional)

399.62

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 88 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26719 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
12.50																																
B. Full Name (Last, First, Middle Initial) MS CATHERINE WASSON Mailing Address 26072 HARBOR VIEW City CAPISTRANO BEACH State CA Zip Code 92624 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26572 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
50.00																																
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26760 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 89 / 303

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MRS 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26700 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
50.00																																
B. 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 PRES, CEO ACCREDO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26625 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
192.31																																
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26694 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	6	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		0	2		2	0	0	6																							
75.00																																

SUBTOTAL of Receipts This Page (optional)

317.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 303

(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 PETER WHITE			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 2241 E. PINCHOT AVE. #17F			Transaction ID: INC:A:26564	
City State Zip Code PHOENIX AZ 85016			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) MR CHRISTOPHER WILSON			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 1 RIVER COURT APARTMENT 2809			Transaction ID: INC:A:26679	
City State Zip Code JERSEY CITY NJ 07310			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CONSULT SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER			Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6	
Mailing Address 17 LYNWOOD RD			Transaction ID: INC:A:26787	
City State Zip Code VERONA NJ 07044			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR ORG DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 303

(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 MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

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 ▼

975.00

Date of Receipt

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

Transaction ID: INC:A:26727

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City State Zip Code
BAYSIDE NY 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 ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26871

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City State Zip Code
STILLWATER NY 12170

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 ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26825

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 92 / 303

(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 JORDAN WOUK

Mailing Address 554 CUMBERLAND AVE

City State Zip Code
TEANECK NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26843

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
POMPTON LAKES NJ 07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26609

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 State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26687

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 303

(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 ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
 SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC:A:26750

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 State Zip Code
 LEESBURG VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

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

Transaction ID: INC:A:26802

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 State Zip Code
 FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC:A:26878

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 303

(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 DAVID BAUGH
Mailing Address 1813 ADONIS AVE

City State Zip Code
HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC:A:27248

Amount of Each Receipt this Period

5.00

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

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: INC:A:27132

Amount of Each Receipt this Period

25.00

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

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.92

Date of Receipt

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

Transaction ID: INC:A:27168

Amount of Each Receipt this Period

9.28

SUBTOTAL of Receipts This Page (optional)

39.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 303

(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 WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Transaction ID: INC:A:27020 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN Mailing Address 908 EDGEMEER LANE City State Zip Code SOUTHLAKE TX 76092 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1343.55		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Transaction ID: INC:A:27232 Amount of Each Receipt this Period 34.45
C. Full Name (Last, First, Middle Initial) MR JOSEPH FREND0 Mailing Address 9 GREEN HILL TRAIL City State Zip Code TROPHY CLUB TX 76262 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Transaction ID: INC:A:27138 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

109.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 303

(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 GIBBS
Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC:A:26976

Amount of Each Receipt this Period

12.50

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

City State Zip Code
HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.12

Date of Receipt

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

Transaction ID: INC:A:27190

Amount of Each Receipt this Period

15.08

C. Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III
Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
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 9 / 0 9 / 2 0 0 6

Transaction ID: INC:A:27115

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

52.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 303

(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 ROSS LUCE		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6
Mailing Address 2116 BELLANCA CT.		Transaction ID: INC:A:27015
City FLOWER MOUND	State TX	Zip Code 75028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

B. Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6
Mailing Address 5646 BIRCHWOOD CIRCLE		Transaction ID: INC:A:27051
City LAS VEGAS	State NV	Zip Code 89120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

C. Full Name (Last, First, Middle Initial) MR GILBERT RAINES		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6
Mailing Address 800 SANDY TRAIL		Transaction ID: INC:A:27263
City KELLER	State TX	Zip Code 76248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)

35.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 98 / 303

(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 FRANK SCHULTE Mailing Address 2121 AMERICA'S CUP CIR City State Zip Code LAS VEGAS NV 89117 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 347.88		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Transaction ID: INC:A:27036 Amount of Each Receipt this Period 8.92
B. Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III Mailing Address 266 BRUSHY CREEK AVE City State Zip Code LAS VEGAS NV 89148 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 894.35		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Transaction ID: INC:A:27100 Amount of Each Receipt this Period 28.85
C. 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 Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1385.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 6 Transaction ID: INC:A:27038 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

87.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 303

(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 TIDD
Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: INC:A:27095

Amount of Each Receipt this Period

12.50

B. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE
Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.50

Date of Receipt

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

Transaction ID: INC:A:27112

Amount of Each Receipt this Period

12.50

C. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT
Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

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 ▼

975.00

Date of Receipt

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

Transaction ID: INC:A:27120

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 100 / 303

(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 LUCILLE ACCETTA

Mailing Address 11 ANDOVER CT

City	State	Zip Code
CORTLANDT MANOR	NY	10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27033

Amount of Each Receipt this Period

25.00

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

Mailing Address 821 ALBEMARLE STREET

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27014

Amount of Each Receipt this Period

12.50

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

Mailing Address 1021 SUNSET RIDGE

City	State	Zip Code
BRIDGEWATER	NJ	08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26961

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 101 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27013 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27284 Amount of Each Receipt this Period 35.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27069 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 303

(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)

Full Name (Last, First, Middle Initial)

A. TEJWANSH ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
 CHAPPAQUA NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27259

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
 LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2565.30

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27279

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. MS JAYME ANTONOPLOS

Mailing Address 417 MILLS COURT

City State Zip Code
 FLORHAM PARK NJ 07932

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27131

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 303

(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 DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27083

Amount of Each Receipt this Period

25.00

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

Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27204

Amount of Each Receipt this Period

25.00

C. 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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27142

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 303

(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 BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27290

Amount of Each Receipt this Period

250.00

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

Mailing Address 1752 BLACKSTONE DRIVE

City State Zip Code
CARROLLTON TX 75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27203

Amount of Each Receipt this Period

50.00

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

Mailing Address 1813 ADONIS AVE

City State Zip Code
HENDERSON NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27249

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 105 / 303

(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 BEGANS
Mailing Address 1605 CHARNITA CT

City State Zip Code
VIENNA VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27107

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL
Mailing Address 24 GLENWOOD ROAD

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27262

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS EILEEN BIDELE
Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
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
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27137

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 303

(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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27151

Amount of Each Receipt this Period

25.00

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

Mailing Address 4 WINDRUSH LANE

City State Zip Code
 WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27257

Amount of Each Receipt this Period

192.00

C. Full Name (Last, First, Middle Initial)
MR MITCHELL BLASHINSKY

Mailing Address 116 TAYLORS MILL RD

City State Zip Code
 MANALAPAN NJ 07726

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GENERIC DRUG PURCHASING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27218

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 303

(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 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27098

Amount of Each Receipt this Period

25.00

B. 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
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27251

Amount of Each Receipt this Period

25.00

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

MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City State Zip Code
 WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27071

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 303

(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 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26997

Amount of Each Receipt this Period

25.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27209

Amount of Each Receipt this Period

200.00

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

Mailing Address 15 DAWN LANE

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27245

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 109 / 303

(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 PATRICIA BRANUMMailing Address 210 FROG HOLLOW ROAD
PO BOX 708City State Zip Code
COATESVILLE PA 19320FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27199

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR DAVID BREEN

Mailing Address 27 SEALS DR

City State Zip Code
MONROE NY 10950FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27180

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City State Zip Code
PELHAM MANOR NY 10803FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27053

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 110 / 303

(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 KENNETH BROWN Mailing Address 540 GIORDANO DRIVE City YORKTOWN HEIGHTS State NY Zip Code 10598 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26994 Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
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		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27179 Amount of Each Receipt this Period 20.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) MR GEORGE BURNITE Mailing Address 68 WOODLAND DRIVE City CHURCHVILLE State PA Zip Code 18966 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27269 Amount of Each Receipt this Period 20.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR PHARM OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 111 / 303

(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 KEVIN BURON Mailing Address 301 TEMPLETON CT City GRANITE BAY State CA Zip Code 95746 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27086 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		1	6		2	0	0	6																								
25.00																																	
B. Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MEMBER STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27022 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		1	6		2	0	0	6																								
25.00																																	
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26947 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		1	6		2	0	0	6																								
40.00																																	

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 303

(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 RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City State Zip Code
 ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27173

Amount of Each Receipt this Period

52.50

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

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code
 TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27216

Amount of Each Receipt this Period

13.00

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

Mailing Address 822 CEDAR AVE

City State Zip Code
 HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27089

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 303

(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 KAREN CATHCART RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 148 CLUBHOUSE DR		Transaction ID: INC:A:26964
City WEST COLUMBIA	State SC	Zip Code 29172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B. Full Name (Last, First, Middle Initial) MR FRANK COLIANO		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 5176 BALDWIN TERRACE		Transaction ID: INC:A:27025
City MARIETTA	State GA	Zip Code 30068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) MR JOSEPH CONOSHENTI, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 5 MAGNOLIA DRIVE		Transaction ID: INC:A:26970
City MARLBORO	State NJ	Zip Code 07746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR DUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 303

(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)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City State Zip Code
 NEW YORK NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27271

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City State Zip Code
 RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26987

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27070

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 303

(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 State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27155

Amount of Each Receipt this Period

25.00

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

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27133

Amount of Each Receipt this Period

25.00

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

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27049

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 303

(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 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27174

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR LUCA DEFLORENTIIS
Mailing Address W62 N1032 FAIRHAVEN CT

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27108

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS KAREN DEZEARN
Mailing Address 3625 PATTERNSTONE DR

City State Zip Code
ALPHARETTA GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26966

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 303

(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 ROBBIN DICESARE
Mailing Address 1003T HIGH STREET

City State Zip Code
BURLINGTON TOWNSHI NJ 08016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27169

Amount of Each Receipt this Period

9.28

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE
Mailing Address 17826 ARBOR GREENE DR

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27021

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT DOLAN
Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27156

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

59.28

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 118 / 303

(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 MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City	State	Zip Code
ALLENTOWN	PA	18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26979

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City	State	Zip Code
IRVINE	CA	92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27210

Amount of Each Receipt this Period

50.00

C. 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 SOLUTIONSOccupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27265

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 303

(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 DANA DUNCAN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 72 HALLEY DR		Transaction ID: INC:A:27092
City POMONA	State NY	Zip Code 10970
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ENGINEERING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) MR YAACOV DUSHEK		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 312 MEGAN CT		Transaction ID: INC:A:27147
City WYCKOFF	State NJ	Zip Code 07481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR BENEFIT DELIVERY SYS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) MS GEORGIA EDDLEMAN		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 908 EDGEMEER LANE		Transaction ID: INC:A:27233
City SOUTHLAKE	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.45
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1343.55	

SUBTOTAL of Receipts This Page (optional)

84.45

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 120 / 303

(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 MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City	State	Zip Code
WYCKOFF	NJ	07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26993

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR 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 SOLUTIONSOccupation
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27278

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 SOLUTIONSOccupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27148

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 303

(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 BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27282

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26941

Amount of Each Receipt this Period

120.00

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

Mailing Address 11505 40TH AVE N

City State Zip Code
PLYMOUTH MN 55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27063

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 122 / 303

(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 YAKOV ESTERLIS

Mailing Address 25 STONEHEDGE DR

City

WEST NYACK

State

NY

Zip Code

10994

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27235

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR EDWARD FARGIS

Mailing Address 216 ELMWOOD 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

COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27258

Amount of Each Receipt this Period

25.00

C.

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 CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27054

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 123 / 303

(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 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 Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3844.60		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27087 Amount of Each Receipt this Period 192.23
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 Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27211 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR THOMAS FERRAZZANO Mailing Address 138 HEIGHTS ROAD City State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27175 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

242.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 303

(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 132 PROSPECT RD

City State Zip Code
MONROE NY 10950

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27001

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 State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27044

Amount of Each Receipt this Period

25.00

C. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27124

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 303

(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 FREND0 Mailing Address 9 GREEN HILL TRAIL City State Zip Code TROPHY CLUB TX 76262 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27139 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR ANDREW FRIEDEL Mailing Address 55 WHEELER City State Zip Code EDGEWOOD RI 02905 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR STATE GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27012 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) MR JOSEPH GALARDI Mailing Address 24 MOREHOUSE PL City State Zip Code NEW PROVIDENCE NJ 07974 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS MANAGING COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26939 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 126 / 303

(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 PAMELA GALASSINI Mailing Address 333 N. CANAL ST. #1804 City CHICAGO State IL Zip Code 60606 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27244 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER Mailing Address 842 ASHLER CT City COLUMBUS State OH Zip Code 43235 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27212 Amount of Each Receipt this Period 15.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 731.92		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27114 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 127 / 303

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 34 TOWN VIEW DRIVE

City State Zip Code
WAPPINGER FALLS NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27267

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27272

Amount of Each Receipt this Period

25.00

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

Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCIAL EVALUATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26938

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 303

(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 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27019

Amount of Each Receipt this Period

50.00

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

Mailing Address 544 DENMOOR COURT

City State Zip Code
GALLOWAY OH 43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26977

Amount of Each Receipt this Period

12.50

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27240

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

254.81

TOTAL This Period (last page this line number only)

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

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

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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 MICHELE GLYNN

Mailing Address 5333 EAST HELENA DRIVE

City State Zip Code
SCOTTSDALE AZ 85254

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27159

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27188

Amount of Each Receipt this Period

15.00

C. Full Name (Last, First, Middle Initial)
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26988

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 303

(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 GRANT, JR
Mailing Address 1928 BEVERLY LANE

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27034

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD GRIX
Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27056

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 State Zip Code
CONVENT STATION NJ 07960

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27082

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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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 TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City State Zip Code
STATEN ISLAND NY 10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26980

Amount of Each Receipt this Period

15.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS & INSTALLATION SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26953

Amount of Each Receipt this Period

90.00

C. Full Name (Last, First, Middle Initial)
MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27149

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

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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 GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City State Zip Code
CHASKA MN 55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27243

Amount of Each Receipt this Period

50.00

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

Mailing Address 1116 OAKCROFT LANE

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27213

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3620.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26940

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)
or 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 BILL 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 DIR PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27287 Amount of Each Receipt this Period 25.00
B. 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 DIR SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26998 Amount of Each Receipt this Period 25.00
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 PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26981 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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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 ERIC HESS Mailing Address 10 CARLTON RD City FLANDERS State NJ Zip Code 07836 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENGINEERING & OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27046 Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON Mailing Address 1 HERITAGE RD City FLORHAM PARK State NJ Zip Code 07932 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27122 Amount of Each Receipt this Period 50.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27189 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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 HOGAN

Mailing Address 9 HIRLE ST

City State Zip Code
 CORNWALL ON HUDSON NY 12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27059

Amount of Each Receipt this Period

25.00

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

Mailing Address 49 S HILLSIDE AVE

City State Zip Code
 ELMSFORD NY 10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27145

Amount of Each Receipt this Period

80.00

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

Mailing Address 9553 ANDREW DR

City State Zip Code
 TWINSBURG OH 44087

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.80

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27291

Amount of Each Receipt this Period

14.69

SUBTOTAL of Receipts This Page (optional)

119.69

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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 STEVEN HOROWITZ

Mailing Address 30 AVENUE AT PORT IMPERIAL
APT. 415

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27289

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR WALTER HOSP

Mailing Address 1 OLD LANE

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27103

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS JANE HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27178

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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 JEANNINE INFANTINO
Mailing Address 34 MOHEGAN TRL

City State Zip Code
SADDLE RIVER NJ 07458

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26975

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DAVID ISRAEL
Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26943

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN ITO
Mailing Address 6366 SW 90TH STREET

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26949

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 138 / 303

(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 WILLIAM JACKSON Mailing Address 105 ROOSEVELT AVE City State Zip Code WEST ORANGE NJ 07052 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27220 Amount of Each Receipt this Period 15.00
B. Full Name (Last, First, Middle Initial) MR TODD JEFFREY Mailing Address 15 ELIZABETH STREET City State Zip Code DUMONT NJ 07628 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27231 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MISS ANNE JOHNSTON Mailing Address 256 MADISON AVE City State Zip Code RIVER EDGE NJ 07661 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27229 Amount of Each Receipt this Period 30.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 303

(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 RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City	State	Zip Code
HENDERSON	NV	89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27191

Amount of Each Receipt this Period

15.08

B. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City	State	Zip Code
PRIOR LAKE	MN	55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27078

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	State	Zip Code
MENOMONEE FALLS	WI	53051

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27068

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

65.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 303

(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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27250 Amount of Each Receipt this Period 25.00
B. 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 VP/GM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27116 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR KEVIN KELLY Mailing Address 251 POPLAR AVE City HACKENSACK State NJ Zip Code 07601 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT SVC DELIVERY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26967 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 141 / 303

(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 LISA KETNER

Mailing Address 7 POINT VIEW

City	State	Zip Code
OAKLAND	NJ	07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27104

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City	State	Zip Code
CHESTER	NY	10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27222

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City	State	Zip Code
FRANKLIN LAKES	NJ	07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27256

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 142 / 303

(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 JON KLINE Mailing Address 36 CORTLAND TL City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1010.80		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27252 Amount of Each Receipt this Period 50.54
B. Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN Mailing Address 555 FORBUSH STREET City BOONTON State NJ Zip Code 07005 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT RETAIL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27215 Amount of Each Receipt this Period 20.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26986 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

95.54

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 303

(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 RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
KENOSHA WI 53144

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27075

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27009

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27152

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 303

(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 KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27201

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27143

Amount of Each Receipt this Period

15.00

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27106

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 303

(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)

Full Name (Last, First, Middle Initial)

A. JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27283

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. 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

NATL ACCT EXEC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27097

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR ROSS LUCE

Mailing Address 2116 BELLANCA CT.

City

FLOWER MOUND

State

TX

Zip Code

75028

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 ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27016

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 146 / 303

(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 DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27062 Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CREATIVE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MS CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PLACE City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27140 Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MR KENNETH MALLEY Mailing Address 764 W. SADDLE RIVER ROAD City State Zip Code HO HO KUS NJ 07423 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27048 Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRODUCT & CHANNEL MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 303

(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 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26951

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 State Zip Code
 MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27064

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
 CLARKSVILLE MD 21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27029

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 148 / 303

(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 ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City	State	Zip Code
SUSSEX	NJ	07461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26996

Amount of Each Receipt this Period

25.00

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

Mailing Address 137 WASHINGTON AVE

City	State	Zip Code
HILLSDALE	NJ	07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27192

Amount of Each Receipt this Period

192.30

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

Mailing Address 56 PENOBSCOT ST

City	State	Zip Code
CLIFTON	NJ	07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27102

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 149 / 303

(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 DANIEL MCCRONE Mailing Address 41 HENRY COURT City MOUNT ARLINGTON State NJ Zip Code 07856 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27280 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	6		2	0	0	6																							
50.00																																
B. Full Name (Last, First, Middle Initial) MR THOMAS MCDONALD Mailing Address 0-45 27TH ST City FAIR LAWN State NJ Zip Code 07410 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27146 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	6		2	0	0	6																							
25.00																																
C. 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 COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2320.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27105 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">116.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	116.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	6		2	0	0	6																							
116.00																																

SUBTOTAL of Receipts This Page (optional)

191.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 303

(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			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 112 GREEN TERRACE WAY			Transaction ID: INC:A:27228	
City	State	Zip Code	Amount of Each Receipt this Period 192.31	
WEST MILFORD	NJ	07480		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP BUSINESS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3846.20		
B. Full Name (Last, First, Middle Initial) MR EDWARD MCNEILEY			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 5646 BIRCHWOOD CIRCLE			Transaction ID: INC:A:27052	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
LAS VEGAS	NV	89120		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00		
C. Full Name (Last, First, Middle Initial) MRS WENDY MELLO			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address PO BOX 43232			Transaction ID: INC:A:26990	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
MONTCLAIR	NJ	07043		
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR MKTING & STRATEGIC ANAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)

232.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 303

(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) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26955 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 34 ROBERT 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 SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26950 Amount of Each Receipt this Period 30.00
C. 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 E-COM STRAT & DELI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27241 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 152 / 303

(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 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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26959

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

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27045

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

SVP Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26944

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 303

(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 TREVOR MORRIS

Mailing Address 25611 ROLLING HILLS RD

City State Zip Code
LAGUNA HILLS CA 92653

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27027

Amount of Each Receipt this Period

25.00

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

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27223

Amount of Each Receipt this Period

20.00

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

MR KEVIN MURPHY, JR

Mailing Address 105 COVENTRY LN

City State Zip Code
TRUMBULL CT 06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP MKT STRATEGY & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26984

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 303

(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		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 64 WALTER AVE		Transaction ID: INC:A:26985	
City HASBROUCK HEIGHTS	State NJ	Zip Code 07604	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR CLINICAL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 28 POWDERHORN DR		Transaction ID: INC:A:27194	
City KINNELON	State NJ	Zip Code 07405	Amount of Each Receipt this Period 192.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACEUTICAL CONTRACTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3840.00		
C. Full Name (Last, First, Middle Initial) MR HAIK NOVSHADIAN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 45 DAVIS ROAD		Transaction ID: INC:A:27067	
City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 26.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)

243.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 155 / 303

(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 CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27214

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27170

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City	State	Zip Code
SUFFERN	NY	10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27207

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 303

(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) ALEXANDER ONIK Mailing Address 1 SCHINDLER CT City State Zip Code UPPER SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27286 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MS NATALYA ONIK Mailing Address 1 SCHINDLER CT City State Zip Code UPPER SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27084 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS LUDIVINA PACAMARRA Mailing Address 4 TEAK COURT City State Zip Code RINGWOOD NJ 07456 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27158 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 303

(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 PAGANO
Mailing Address 185 PASCACK ROAD

City State Zip Code
PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27157

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD PAGANO
Mailing Address 185 PASCACK RD

City State Zip Code
PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27153

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MRS MICHELE PAIGE
Mailing Address 12 MILLBROOK COURT

City State Zip Code
LIVINGSTON NJ 07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27080

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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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 JAY PATEL			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 14 BROWNSTONE TERRACE			Transaction ID: INC:A:27275	
City HAWTHORNE	State NJ	Zip Code 07506	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
B. Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 18 MOUNTAIN VIEW CT			Transaction ID: INC:A:27141	
City RIVERDALE	State NJ	Zip Code 07457	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MR THOMAS PETTYES			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 8522 UPLAND LN NORTH			Transaction ID: INC:A:27023	
City MAPLE GROVE	State MN	Zip Code 55311	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR GROUP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

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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 JUDITH PLATKIN			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 29 BLACKWELL AVE			Transaction ID: INC:A:26952	
City State Zip Code MORRISTOWN NJ 07960			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) MS JANET PORAT			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 5 CRABAPPLE CT			Transaction ID: INC:A:27026	
City State Zip Code MONSEY NY 10952			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS REQUIREMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 875 ALEXANDRIA CT			Transaction ID: INC:A:27090	
City State Zip Code RAMSEY NJ 07446			Amount of Each Receipt this Period 192.30	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3846.00		

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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 PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27186

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27246

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27264

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

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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 State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26968

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27177

Amount of Each Receipt this Period

65.38

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

Mailing Address 22 BARTLETT AVE.

City State Zip Code
NORWALK CT 06850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27043

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.38

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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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)
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 SOLUTIONSOccupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27261

Amount of Each Receipt this Period

70.00

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 SOLUTIONSOccupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26995

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City	State	Zip Code
ANDOVER	NJ	07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27260

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 163 / 303

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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 ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 16 2006

Transaction ID: INC:A:27041

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 16 2006

Transaction ID: INC:A:27187

Amount of Each Receipt this Period

50.00

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

Mailing Address 3103 RIO VISTA DRIVE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
09 16 2006

Transaction ID: INC:A:27183

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or 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)
MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27058

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

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 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27136

Amount of Each Receipt this Period

20.00

C. 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 CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27176

Amount of Each Receipt this Period

78.34

SUBTOTAL of Receipts This Page (optional)

148.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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)
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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27202

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27077

Amount of Each Receipt this Period

25.00

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

Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27182

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MR FRANK SCHULTE Mailing Address 2121 AMERICA'S CUP CIR City LAS VEGAS State NV Zip Code 89117 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 347.88			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27037 Amount of Each Receipt this Period 8.92
B. Full Name (Last, First, Middle Initial) MR ALLEN SCHWARTZ Mailing Address 3556 DAVIS City EVANSTON State IL Zip Code 60203 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26991 Amount of Each Receipt this Period 25.00
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 NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27217 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

58.92

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 167 / 303

(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 LEONARD SCOTT Mailing Address 13514 MOTTLESTONE DRIVE NW City State Zip Code PICKERINGTON OH 43147 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27117 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			
B. Full Name (Last, First, Middle Initial) MR ROBERT SENDEWICZ Mailing Address 1220 CROSSING WAY City State Zip Code WAYNE NJ 07470 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26971 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			
C. Full Name (Last, First, Middle Initial) MR GEORGE SERPIKOV Mailing Address 66 PROSPECT AVE City State Zip Code WESTWOOD NJ 07675 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27238 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 168 / 303

(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 DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 894.35		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27101 Amount of Each Receipt this Period 28.85
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26958 Amount of Each Receipt this Period 40.00
C. 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 GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27005 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

118.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 303

(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 PETER SHERMAN

Mailing Address 139 GATES AVENUE

City State Zip Code
 MONTCLAIR NJ 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26945

Amount of Each Receipt this Period

50.00

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

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code
 LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27010

Amount of Each Receipt this Period

25.00

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

MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City State Zip Code
 RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27195

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 303

(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)

Full Name (Last, First, Middle Initial)

A. JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27085

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

B. MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27224

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27111

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 171 / 303

(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 SIRICO
Mailing Address 564 DALE COURT EAST

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

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 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26969

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
MR DAVID SITVER
Mailing Address 24 YORKSHIRE AVE

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27072

Amount of Each Receipt this Period

31.00

C. Full Name (Last, First, Middle Initial)
ANN SMITH
Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
Sr Dir Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27076

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

86.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 303

(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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27200

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 ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27253

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 ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27274

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

282.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 173 / 303

(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 RALPH STAIANO

Mailing Address 32 ALDEN RD

City	State	Zip Code
MONROE	NY	10950

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26954

Amount of Each Receipt this Period

25.00

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

Mailing Address 7 FOREST LAKE DR

City	State	Zip Code
WEST HARRISON	NY	10604

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27185

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City	State	Zip Code
AUSTIN	TX	78732

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27226

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 174 / 303

(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 CRAIG STEEL Mailing Address 122 DEMAREST AVENUE City State Zip Code EMERSON NJ 07630 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>09 / 16 / 2006</div> Transaction ID: INC:A:27030 Amount of Each Receipt this Period <div>25.00</div>
B. Full Name (Last, First, Middle Initial) MS SUSAN STEELE Mailing Address 501 CONTINENTAL DR City State Zip Code SAGAMORE HILLS OH 44067 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>09 / 16 / 2006</div> Transaction ID: INC:A:27292 Amount of Each Receipt this Period <div>25.00</div>
C. Full Name (Last, First, Middle Initial) MS AMY STEINKELLNER Mailing Address 1740 HIGHLAND DRIVE City State Zip Code ELM GROVE WI 53122 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>09 / 16 / 2006</div> Transaction ID: INC:A:27065 Amount of Each Receipt this Period <div>50.00</div>

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 303

(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 GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27242

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
 ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27281

Amount of Each Receipt this Period

50.00

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

Mailing Address 19275 PAVER BARNES ROAD

City State Zip Code
 MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26989

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 176 / 303

(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 COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City	State	Zip Code
MONTVILLE	NJ	07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27225

Amount of Each Receipt this Period

25.00

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

Mailing Address 21 DENISE DRIVE

City	State	Zip Code
KINNELON	NJ	07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:27184

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 821 SUMMIT CT

City	State	Zip Code
MANAKIN SABOT	VA	23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: INC:A:26956

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 303

(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 IRENE SUTTON

Mailing Address 374 KINGSTON CT

City State Zip Code
 WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27007

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 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 ▼

1385.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27039

Amount of Each Receipt this Period

50.00

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

Mailing Address 17326 ELLEN DR

City State Zip Code
 LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27055

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 178 / 303

(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 TIDD Mailing Address 7974 FLAMETREE CT City LAS VEGAS State NV Zip Code 89123 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27096 Amount of Each Receipt this Period 12.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:26963 Amount of Each Receipt this Period 50.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27109 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)

137.50

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 179 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27230 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 Kinneelon 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27050 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA Mailing Address W328 S4230 SPRING RIDGE City Waukesha State WI Zip Code 53188 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27293 Amount of Each Receipt this Period 20.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 303

(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 NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City State Zip Code
 ROCKVILLE CENTRE NY 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27099

Amount of Each Receipt this Period

50.00

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

MR WILBER VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City State Zip Code
 UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27006

Amount of Each Receipt this Period

25.00

C. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26942

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 181 / 303

(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 MUNISH VJ Mailing Address 2108 HENRY COURT City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27268 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR MICHAEL WAIBEL Mailing Address N48 W16381 LONE OAK LN 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 ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27066 Amount of Each Receipt this Period 15.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27160 Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)

232.31

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 182 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27270 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	6		2	0	0	6																							
192.31																																
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27113 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	6		2	0	0	6																							
12.50																																
C. Full Name (Last, First, Middle Initial) MS CATHERINE WASSON Mailing Address 26072 HARBOR VIEW City CAPISTRANO BEACH State CA Zip Code 92624 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATL ACCTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:26965 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	6		2	0	0	6																							
50.00																																

SUBTOTAL of Receipts This Page (optional)

254.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 183 / 303

(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 WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27154

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27094

Amount of Each Receipt this Period

50.00

C. 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
PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27018

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 303

(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 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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27088

Amount of Each Receipt this Period

75.00

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

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
 #17F

City State Zip Code
 PHOENIX AZ 85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:26957

Amount of Each Receipt this Period

20.00

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

MR CHRISTOPHER WILSON

Mailing Address 1 RIVER COURT
 APARTMENT 2809

City State Zip Code
 JERSEY CITY NJ 07310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONSULT SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27073

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 185 / 303

(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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27181

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27121

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City State Zip Code
BAYSIDE NY 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27266

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 186 / 303

(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 WOOD Mailing Address 76 COLONIAL ROAD City State Zip Code STILLWATER NY 12170 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27219 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR JORDAN WOUK Mailing Address 554 CUMBERLAND AVE City State Zip Code TEANECK NJ 07666 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27237 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY Mailing Address 793 LINCOLN AVE City State Zip Code POMPTON LAKES NJ 07442 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: INC:A:27002 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 187 / 303

(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 SARAH YINGLING
Mailing Address 901 ST MARKS AVE

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27081

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DANIEL ZELEM, JR
Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27144

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS JILL ZELMAN
Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 6

Transaction ID: INC:A:27196

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 188 / 303

(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 ANTHONY ZOLFO		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6	
Mailing Address 726 HIGH MOUNTAIN ROAD		Transaction ID: INC:A:27273	
City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) JOHN PATRICK DRISCOLL		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 6 TREMONT STREET		Transaction ID: INC:A:26928	
City COS COB	State CT	Zip Code 06807	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRESIDENT - INSURED AND EMERGING MARKE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		
C. Full Name (Last, First, Middle Initial) MR DAVID BAUGH		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6	
Mailing Address 1813 ADONIS AVE		Transaction ID: INC:A:27614	
City HENDERSON	State NV	Zip Code 89074	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation MGR BENEFIT DELIVERY SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)

2530.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 189 / 303

(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 KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City	State	Zip Code
PLANT CITY	FL	33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
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	9		2	3		2	0	0	6

Transaction ID: INC:A:27497

Amount of Each Receipt this Period

25.00

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

Mailing Address 1003T HIGH STREET

City	State	Zip Code
BURLINGTON TOWNSHI	NJ	08016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR MGR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	6

Transaction ID: INC:A:27533

Amount of Each Receipt this Period

9.28

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

Mailing Address 17826 ARBOR GREENE DR

City	State	Zip Code
TAMPA	FL	33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	6

Transaction ID: INC:A:27385

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

59.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 190 / 303

(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 GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1343.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27598

Amount of Each Receipt this Period

34.45

B. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND
Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27503

Amount of Each Receipt this Period

50.00

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

City State Zip Code
GALLOWAY OH 43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27341

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

96.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 191 / 303

(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 12 WADE HAMPTON TRAIL

City State Zip Code
 HENDERSON NV 89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.12

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27556

Amount of Each Receipt this Period

15.08

B. Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City State Zip Code
 POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
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 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27480

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 2116 BELLANCA CT.

City State Zip Code
 FLOWER MOUND TX 75028

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 ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27380

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.08

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 192 / 303

(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 EDWARD MCNEILEY Mailing Address 5646 BIRCHWOOD CIRCLE City LAS VEGAS State NV Zip Code 89120 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6 Transaction ID: INC:A:27416 Amount of Each Receipt this Period 15.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6 Transaction ID: INC:A:27629 Amount of Each Receipt this Period 10.00
C. Full Name (Last, First, Middle Initial) MR FRANK SCHULTE Mailing Address 2121 AMERICA'S CUP CIR City LAS VEGAS State NV Zip Code 89117 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation REGIONAL VP PHARMACIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 347.88		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6 Transaction ID: INC:A:27401 Amount of Each Receipt this Period 8.92

SUBTOTAL of Receipts This Page (optional)

33.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 193 / 303

(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			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6	
Mailing Address 266 BRUSHY CREEK AVE			Transaction ID: INC:A:27465	
City State Zip Code LAS VEGAS NV 89148			Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 894.35		
B. Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6	
Mailing Address 8362 GOLDEN PRAIRIE DRIVE			Transaction ID: INC:A:27403	
City State Zip Code TAMPA FL 33647			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1385.00		
C. Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6	
Mailing Address 7974 FLAMETREE CT			Transaction ID: INC:A:27460	
City State Zip Code LAS VEGAS NV 89123			Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50		

SUBTOTAL of Receipts This Page (optional)

91.35

TOTAL This Period (last page this line number only)

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

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

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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 CALVIN WASDYKE
Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27477

Amount of Each Receipt this Period

12.50

B. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT
Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 6

Transaction ID: INC:A:27485

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS LUCILLE ACCETTA
Mailing Address 11 ANDOVER CT

City State Zip Code
CORTLANDT MANOR NY 10567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR SALES & NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27398

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

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

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

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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 LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27379

Amount of Each Receipt this Period

12.50

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

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27326

Amount of Each Receipt this Period

50.00

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

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27378

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

112.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 303

(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 State Zip Code
 DOYLESTOWN PA 18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27649

Amount of Each Receipt this Period

35.00

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

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City State Zip Code
 SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27434

Amount of Each Receipt this Period

25.00

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

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City State Zip Code
 CHAPPAQUA NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27625

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 197 / 303

(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 ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2565.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27644

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MS JAYME ANTONOPLOS

Mailing Address 417 MILLS COURT

City State Zip Code
FLORHAM PARK NJ 07932

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27496

Amount of Each Receipt this Period

25.00

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

Mailing Address 20 CHADWELL PLACE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27448

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 198 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27570 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
25.00																																
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27507 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
50.00																																
C. Full Name (Last, First, Middle Initial) MR MICHAEL BARONE Mailing Address 452 MEDWAY RD City HIGHLAND HEIGHTS State OH Zip Code 44143 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27655 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 199 / 303

(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 BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City	State	Zip Code
CARROLLTON	TX	75007

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27569

Amount of Each Receipt this Period

50.00

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

Mailing Address 1813 ADONIS AVE

City	State	Zip Code
HENDERSON	NV	89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27615

Amount of Each Receipt this Period

5.00

C. Full Name (Last, First, Middle Initial)
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City	State	Zip Code
VIENNA	VA	22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27472

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 200 / 303

(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 State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27628

Amount of Each Receipt this Period

50.00

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

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH 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
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27502

Amount of Each Receipt this Period

25.00

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27516

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 201 / 303

(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) BRYAN BIRCH Mailing Address 4 WINDRUSH LANE City WESTPORT State CT Zip Code 06880 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES, EMPLOYER GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3840.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27623 Amount of Each Receipt this Period 192.00
B. Full Name (Last, First, Middle Initial) MR MITCHELL BLASHINSKY Mailing Address 116 TAYLORS MILL RD City MANALAPAN State NJ Zip Code 07726 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GENERIC DRUG PURCHASING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27584 Amount of Each Receipt this Period 15.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27463 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 202 / 303

(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 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 TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27617 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	6														
25.00																							
B. Full Name (Last, First, Middle Initial) MRS HEATHER BONOME Mailing Address 305 10TH 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27436 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	6														
25.00																							
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27362 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	6														
25.00																							

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 203 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27575 Amount of Each Receipt this Period 200.00
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 SR DIR HLTH MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27611 Amount of Each Receipt this Period 30.00
C. Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM Mailing Address 210 FROG HOLLOW ROAD PO BOX 708 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27565 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 204 / 303

(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 DAVID BREEN Mailing Address 27 SEALS DR City State Zip Code MONROE NY 10950 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ANALYTICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 6</div> Transaction ID: INC:A:27546 Amount of Each Receipt this Period <div>25.00</div>
B. Full Name (Last, First, Middle Initial) MR PAUL BRISSON Mailing Address 469 MANOR LANE City State Zip Code PELHAM MANOR NY 10803 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRODUCT DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 6</div> Transaction ID: INC:A:27418 Amount of Each Receipt this Period <div>15.00</div>
C. Full Name (Last, First, Middle Initial) MR KENNETH BROWN Mailing Address 540 GIORDANO DRIVE City State Zip Code YORKTOWN HEIGHTS NY 10598 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>M M / D D / Y Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 6</div> Transaction ID: INC:A:27359 Amount of Each Receipt this Period <div>50.00</div>

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 205 / 303

(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 VIVIAN BULGER		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 120 EAST MAIN ST		Transaction ID: INC:A:27545 Amount of Each Receipt this Period 20.00
City WASHINGTONVILLE	State NY	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) MR GEORGE BURNITE		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 68 WOODLAND DRIVE		Transaction ID: INC:A:27634 Amount of Each Receipt this Period 20.00
City CHURCHVILLE	State PA	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR PHARM OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) MR KEVIN BURON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 301 TEMPLETON CT		Transaction ID: INC:A:27451 Amount of Each Receipt this Period 25.00
City GRANITE BAY	State CA	
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
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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 PEGEEN BUTTERFIELD Mailing Address 23 NUTTING PLACE City WEST CALDWELL State NJ Zip Code 07006 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MEMBER STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27387 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27312 Amount of Each Receipt this Period 40.00
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 MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27539 Amount of Each Receipt this Period 52.50

SUBTOTAL of Receipts This Page (optional)

117.50

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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 CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27582

Amount of Each Receipt this Period

13.00

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

Mailing Address 822 CEDAR AVE

City State Zip Code
HADDENFIELD NJ 08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27454

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City State Zip Code
WEST COLUMBIA SC 29172

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27329

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME 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 COLIANO Mailing Address 5176 BALDWIN TERRACE City State Zip Code MARIETTA GA 30068 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS NATL ACCT EXEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27390 Amount of Each Receipt this Period 15.00
B. Full Name (Last, First, Middle Initial) MR JOSEPH CONOSHENTI, JR Mailing Address 5 MAGNOLIA DRIVE City State Zip Code MARLBORO NJ 07746 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR DUR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27335 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 State Zip Code NEW YORK NY 10023 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS PLANNING & DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27636 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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NAME 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			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 270 S FRANKLIN TURNPIKE			Transaction ID: INC:A:27352	
City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR HLTH CARE OPS-TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 25 FAIRWAY TRAIL			Transaction ID: INC:A:27435	
City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PHARMACY NETWORK MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 725.00		
C. Full Name (Last, First, Middle Initial) MS ROSELIN DANIEL			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 17 DEVONSHIRE DRIVE			Transaction ID: INC:A:27520	
City RANDOLPH	State NJ	Zip Code 07869	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR BENEFIT DELIVERY SYS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 2903 CHUKKAR COURT

City State Zip Code
PLANT CITY FL 33567

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27498

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27414

Amount of Each Receipt this Period

192.30

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

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27540

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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 LUCA DEFLORENTIIS			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address W62 N1032 FAIRHAVEN CT			Transaction ID: INC:A:27473	
City State Zip Code CEDARBURG WI 53012			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ACCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MS KAREN DEZEARN			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 3625 PATTERNSTONE DR			Transaction ID: INC:A:27331	
City State Zip Code ALPHARETTA GA 30022			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR NATL ACCT EXEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) MS ROBBIN DICESARE			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 1003T HIGH STREET			Transaction ID: INC:A:27534	
City State Zip Code BURLINGTON TOWNSHI NJ 08016			Amount of Each Receipt this Period 9.28	
FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR MGR TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 361.92		

SUBTOTAL of Receipts This Page (optional)

59.28

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 WILLIS DINGLE Mailing Address 17826 ARBOR GREENE DR City State Zip Code TAMPA FL 33647 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27386 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR ROBERT DOLAN Mailing Address 9 CRANE AVENUE City State Zip Code WEST CALDWELL NJ 07006 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27521 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS MERIDITH DORNER Mailing Address 4448 CREEK ROAD City State Zip Code ALLENTOWN PA 18104 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27344 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 H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code
 IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27576

Amount of Each Receipt this Period

50.00

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

MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City State Zip Code
 POMONA NY 10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27457

Amount of Each Receipt this Period

25.00

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

MR YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City State Zip Code
 WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27512

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)
MS GEORGIA EDDLEMAN
Mailing Address 908 EDGEMEER LANE

City State Zip Code
SOUTHLAKE TX 76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1343.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27599

Amount of Each Receipt this Period

34.45

B. 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 SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27358

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR 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 ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27643

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

109.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 215 / 303

(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 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27513

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27647

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27306

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 216 / 303

(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 SCOTT ERHARDT Mailing Address 11505 40TH 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 SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27428 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	15.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
15.00																																
B. Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS Mailing Address 25 STONEHEDGE DR City WEST NYACK State NY Zip Code 10994 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BENEFIT DELIVERY SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27601 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
25.00																																
C. Full Name (Last, First, Middle Initial) MR EDWARD FARGIS Mailing Address 216 ELMWOOD 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 COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27624 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	25.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
25.00																																

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 217 / 303

(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 CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27419

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 ▼

3844.60

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27452

Amount of Each Receipt this Period

192.23

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

MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City State Zip Code
 EMERSON NJ 07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27577

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.23

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 218 / 303

(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 THOMAS FERRAZZANO

Mailing Address 138 HEIGHTS ROAD

City	State	Zip Code
RIDGEWOOD	NJ	07450

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 ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27541

Amount of Each Receipt this Period

25.00

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

Mailing Address 132 PROSPECT RD

City	State	Zip Code
MONROE	NY	10950

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27366

Amount of Each Receipt this Period

25.00

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

Mailing Address 465 OLD STONE RD

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27409

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 219 / 303

(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 ANTHONY FLOWERS		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 1933 MT. OLIVE AGOSTA ROAD		Transaction ID: INC:A:27489	
City NEW BLOOMINGTON	State OH	Zip Code 43341	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR HLTH CARE OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MR JOSEPH FREND0		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 9 GREEN HILL TRAIL		Transaction ID: INC:A:27504	
City TROPHY CLUB	State TX	Zip Code 76262	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00		
C. Full Name (Last, First, Middle Initial) MR ANDREW FRIEDEL		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 55 WHEELER		Transaction ID: INC:A:27377	
City EDGEWOOD	State RI	Zip Code 02905	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR STATE GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 220 / 303

(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 State Zip Code
NEW PROVIDENCE NJ 07974

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27304

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI
Mailing Address 333 N. CANAL ST. #1804

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27610

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MS PATRICIA GALLAGHER
Mailing Address 842 ASHLER CT

City State Zip Code
COLUMBUS OH 43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27578

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 221 / 303

(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 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 ▼

731.92

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27479

Amount of Each Receipt this Period

50.00

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

Mailing Address 34 TOWN VIEW DRIVE

City State Zip Code
 WAPPINGER FALLS NY 12590

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27632

Amount of Each Receipt this Period

125.00

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

Mailing Address 9 CAIRNES ROAD

City State Zip Code
 MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27637

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 222 / 303

(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 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 VP FINANCIAL EVALUATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27303 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
50.00																																
B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27384 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27342 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
12.50																																

SUBTOTAL of Receipts This Page (optional)

112.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 223 / 303

(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 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 Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27606 Amount of Each Receipt this Period 192.31
B. Full Name (Last, First, Middle Initial) MS MICHELE GLYNN Mailing Address 5333 EAST HELENA DRIVE City State Zip Code SCOTTSDALE AZ 85254 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27524 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS AUDREY GOODMAN Mailing Address 26 HILLSIDE AVE. City State Zip Code GLEN ROCK NJ 07452 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ORG DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27554 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

232.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 224 / 303

(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 GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27353

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 State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27399

Amount of Each Receipt this Period

25.00

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

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27421

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 225 / 303

(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 GINA GRUHN Mailing Address 13 WEATHER VANE DRIVE City State Zip Code CONVENT STATION NJ 07960 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">500.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27447 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>
B. Full Name (Last, First, Middle Initial) MS TRACY GRUNSFELD Mailing Address 264 HARVEST AVE City State Zip Code STATEN ISLAND NY 10310 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CONSUMER DRIVEN MKTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">300.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27345 Amount of Each Receipt this Period <div style="text-align: right;">15.00</div>
C. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR Mailing Address 50 BELLEVUE AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS & INSTALLATION SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">1800.00</div>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27318 Amount of Each Receipt this Period <div style="text-align: right;">90.00</div>

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 226 / 303

(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 HALLORAN Mailing Address 19 KINGS RIDGE ROAD City State Zip Code LONG VALLEY NJ 07853 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27514 Amount of Each Receipt this Period 160.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1680.00		
B. Full Name (Last, First, Middle Initial) MR GREGORY HANSEN Mailing Address 1659 ISABELLA PARKWAY City State Zip Code CHASKA MN 55318 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27609 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ACCT SVCS & ADMIN Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) MS KELLY HANZAWA Mailing Address 1116 OAKCROFT LANE City State Zip Code SOMERSET NJ 08873 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27579 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR ACCT MGMT OPS Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

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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 PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City State Zip Code
 COLORADO SPRINGS CO 80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3620.03

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27305

Amount of Each Receipt this Period

192.31

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

MR BILL HEAD

Mailing Address 501 SLATERS LANE
 #816

City State Zip Code
 ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27652

Amount of Each Receipt this Period

25.00

C. 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
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27363

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 303

(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 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 PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27346

Amount of Each Receipt this Period

50.00

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27411

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City State Zip Code
 FLORHAM PARK NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27487

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 229 / 303

(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 State Zip Code RIDGEWOOD NJ 07450 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FACILITIES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27555 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN Mailing Address 9 HIRLE ST City State Zip Code CORNWALL ON HUDSON NY 12520 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27424 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK Mailing Address 49 S HILLSIDE AVE City State Zip Code ELMSFORD NY 10523 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27510 Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

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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 CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City State Zip Code
 TWINSBURG OH 44087

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.80

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27656

Amount of Each Receipt this Period

14.69

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

MR STEVEN HOROWITZ

Mailing Address 30 AVENUE AT PORT IMPERIAL
 APT. 415

City State Zip Code
 WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27654

Amount of Each Receipt this Period

50.00

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

MR WALTER HOSP

Mailing Address 1 OLD LANE

City State Zip Code
 SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27468

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

89.69

TOTAL This Period (last page this line number only)

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

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

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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 HULSE

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27544

Amount of Each Receipt this Period

50.00

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

MS JEANNINE INFANTINO

Mailing Address 34 MOHEGAN TRL

City State Zip Code
SADDLE RIVER NJ 07458

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27340

Amount of Each Receipt this Period

25.00

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

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City State Zip Code
NEW YORK NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27308

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 232 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27314 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON Mailing Address 105 ROOSEVELT AVE 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 MEDICARE OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27586 Amount of Each Receipt this Period 15.00
C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27597 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 233 / 303

(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) MISS ANNE JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 256 MADISON AVE		Transaction ID: INC:A:27595 Amount of Each Receipt this Period 30.00
City RIVER EDGE	State NJ	
Zip Code 07661		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) MR RICHARD JONES		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 12 WADE HAMPTON TRAIL		Transaction ID: INC:A:27557 Amount of Each Receipt this Period 15.08
City HENDERSON	State NV	
Zip Code 89052		
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.12	

C. Full Name (Last, First, Middle Initial) MS KATHRYN JONSRUD		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 16357 VICTORIA CURVE SE		Transaction ID: INC:A:27443 Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

70.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 303

(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 KAUS
Mailing Address N81 W18359 TOURS DR

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27433

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER
Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27616

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III
Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
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 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27481

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 235 / 303

(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

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27332

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27469

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH MGMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27588

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 236 / 303

(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	State	Zip Code
FRANKLIN LAKES	NJ	07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27622

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MR JON KLINE

Mailing Address 36 CORTLAND TL

City	State	Zip Code
MAHWAH	NJ	07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27618

Amount of Each Receipt this Period

50.54

C. Full Name (Last, First, Middle Initial)
MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City	State	Zip Code
BOONTON	NJ	07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27581

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

262.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 237 / 303

(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 State Zip Code
BOWLING GREEN OH 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27351

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR RODGER KORMYLO

Mailing Address 1310 43RD AVE

City State Zip Code
KENOSHA WI 53144

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27440

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27374

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 238 / 303

(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 State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27517

Amount of Each Receipt this Period

55.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27567

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27508

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 239 / 303

(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 CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City State Zip Code
CITRUS HEIGHTS CA 95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27471

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City State Zip Code
WALDWICK NJ 07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27648

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27462

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 303

(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 ROSS LUCE Mailing Address 2116 BELLANCA CT. City State Zip Code FLOWER MOUND TX 75028 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27381 Amount of Each Receipt this Period 10.00
B. Full Name (Last, First, Middle Initial) MS DEBRA LUDGATE Mailing Address 238 WOODLAND AVE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CREATIVE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27427 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MS CHERYL MACDONALD Mailing Address 15011 EAGLEPARK PLACE City State Zip Code LITHIA FL 33547 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CS REQUIREMENTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27505 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 241 / 303

(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 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		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27413 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) MR MICHAEL MANDAGLIO Mailing Address 33 HICKORY TAVERN RD City State Zip Code GILLETTE NJ 07933 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27316 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) MS TAMARA MARSHALL Mailing Address W144 N7150 TERRACE DRIVE City State Zip Code MENOMONEE FALLS WI 53051 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27429 Amount of Each Receipt this Period 25.00
Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 242 / 303

(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 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 GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27394 Amount of Each Receipt this Period 192.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27361 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 VP DRUG DISTRIB & CONTROL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27558 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional)

409.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 303

(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 MAZZONE

Mailing Address 56 PENOBSCOT ST

City State Zip Code
CLIFTON NJ 07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27467

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR DANIEL MCCRONE

Mailing Address 41 HENRY COURT

City State Zip Code
MOUNT ARLINGTON NJ 07856

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27645

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code
FAIR LAWN NJ 07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27511

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)

☒ 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 COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27470

Amount of Each Receipt this Period

116.00

B. Full Name (Last, First, Middle Initial)
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27594

Amount of Each Receipt this Period

192.31

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

Mailing Address 5646 BIRCHWOOD CIRCLE

City State Zip Code
LAS VEGAS NV 89120

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 ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27417

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

323.31

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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☒ 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 WENDY MELLO Mailing Address PO BOX 43232 City MONTCLAIR State NJ Zip Code 07043 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR MKTING & STRATEGIC ANAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27355 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27320 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MRS KAREN MILLER Mailing Address 34 ROBERT 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 SR DIR FINANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27315 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

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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 GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27607

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City State Zip Code
PARSIPPANY NJ 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27324

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
WARRINGTON PA 18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27410

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
 SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27309

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR TREVOR MORRIS

Mailing Address 25611 ROLLING HILLS RD

City State Zip Code
 LAGUNA HILLS CA 92653

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27392

Amount of Each Receipt this Period

25.00

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

Mailing Address 2 STONEBRIDGE RD

City State Zip Code
 SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27589

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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Detailed Summary Page

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NAME 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 MURPHY, JR. Mailing Address 105 COVENTRY LN City State Zip Code TRUMBULL CT 06611 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP MKT STRATEGY & DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27349 Amount of Each Receipt this Period 75.00
B. Full Name (Last, First, Middle Initial) MS BECKY NAGLE Mailing Address 64 WALTER AVE City State Zip Code HASBROUCK HEIGHTS NJ 07604 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27350 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR ARTHUR NARDIN Mailing Address 28 POWDERHORN DR City State Zip Code KINNELON NJ 07405 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACEUTICAL CONTRACTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3840.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27560 Amount of Each Receipt this Period 192.00

SUBTOTAL of Receipts This Page (optional)

292.00

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 HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City State Zip Code
SPARTA NJ 07871

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27432

Amount of Each Receipt this Period

26.00

B. Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City State Zip Code
RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27580

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27535

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

126.00

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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☐ 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 CLAUDINE OLSEN
Mailing Address 4 HIGHGATE CT

City State Zip Code
SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27573

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
ALEXANDER ONIK
Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27651

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS NATALYA ONIK
Mailing Address 1 SCHINDLER CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27449

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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or each category of the
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NAME OF COMMITTEE (In Full)

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

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

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City State Zip Code
 RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27523

Amount of Each Receipt this Period

50.00

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

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27522

Amount of Each Receipt this Period

50.00

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

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City State Zip Code
 PARK RIDGE NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27518

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) MRS MICHELE PAIGE		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 12 MILLBROOK COURT		Transaction ID: INC:A:27445	
City LIVINGSTON	State NJ	Zip Code 07039	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR MARKET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) MR JAY PATEL		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 14 BROWNSTONE TERRACE		Transaction ID: INC:A:27640	
City HAWTHORNE	State NJ	Zip Code 07506	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR E-COM STRAT & DELIV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
C. Full Name (Last, First, Middle Initial) MR MICHAEL PETEROY		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 18 MOUNTAIN VIEW CT		Transaction ID: INC:A:27506	
City RIVERDALE	State NJ	Zip Code 07457	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PRODUCT DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 253 / 303

(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 PETTYES

Mailing Address 8522 UPLAND LN NORTH

City State Zip Code
 MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27388

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City State Zip Code
 MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27317

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
 MONSEY NY 10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27391

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 254 / 303

(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 KARIN PRINCIVALLE
Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27455

Amount of Each Receipt this Period

192.30

B. Full Name (Last, First, Middle Initial)
MR ROBERT PRITCHET
Mailing Address 135 HOLLYBERRY DRIVE

City State Zip Code
HOPEWELL JUNCTION NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27552

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR MARK PROULX
Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27612

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

317.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 255 / 303

(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 GILBERT RAINES
Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27630

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
MS FRANCES RAO
Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27333

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS JOANN REED
Mailing Address 4 ANTLER CT

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.60

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27543

Amount of Each Receipt this Period

65.38

SUBTOTAL of Receipts This Page (optional)

100.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 256 / 303

(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 22 BARTLETT AVE.

City State Zip Code
NORWALK CT 06850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27408

Amount of Each Receipt this Period

25.00

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code
EDGEWATER NJ 07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27627

Amount of Each Receipt this Period

70.00

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

Mailing Address 4565 QUEENSLAND LN N

City State Zip Code
MINNEAPOLIS MN 55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27360

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 257 / 303

(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 State Zip Code
ANDOVER NJ 07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27626

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO
Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27406

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN
Mailing Address 7 RED OAK LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27553

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 258 / 303

(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 RICHARD RUBINO Mailing Address 3103 RIO VISTA DRIVE City MAHWAH State NJ Zip Code 07430 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27549 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">85.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	85.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
85.00																																
B. 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 MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY & COVERAGE MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27423 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27501 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
20.00																																

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 259 / 303

(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 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 CORP REGULATORY AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27542

Amount of Each Receipt this Period

78.34

B. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27568

Amount of Each Receipt this Period

25.00

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

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27442

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

128.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 260 / 303

(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 DAVID SCHLETT
Mailing Address 339 GRAMERCY PL

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27548

Amount of Each Receipt this Period

50.00

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

City State Zip Code
LAS VEGAS NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.88

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27402

Amount of Each Receipt this Period

8.92

C. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ
Mailing Address 3556 DAVIS

City State Zip Code
EVANSTON IL 60203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27356

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

83.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 261 / 303

(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 SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code
 MAPLE GROVE MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27583

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code
 PICKERINGTON OH 43147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27482

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City State Zip Code
 WAYNE NJ 07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27336

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 262 / 303

(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 GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City State Zip Code
WESTWOOD NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2006

Transaction ID: INC:A:27604

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.35

Date of Receipt

M M / D D / Y Y Y Y
09 30 2006

Transaction ID: INC:A:27466

Amount of Each Receipt this Period

28.85

C. Full Name (Last, First, Middle Initial)
MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City State Zip Code
ALLENDALE NJ 07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2006

Transaction ID: INC:A:27323

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

118.85

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 263 / 303

(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 FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27370

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City State Zip Code
MONTCLAIR NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27310

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City State Zip Code
LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27375

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 264 / 303

(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 JODI SILBERMANN

Mailing Address 16 TULIP LANE

City State Zip Code
 RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27561

Amount of Each Receipt this Period

10.00

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

JEFFREY SIMEK

Mailing Address 197 OXFORD RD

City State Zip Code
 CHESTER NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27450

Amount of Each Receipt this Period

192.31

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

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27590

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

252.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 265 / 303

(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 SINKO		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 10 CHERRY TREE LANE		Transaction ID: INC:A:27476 Amount of Each Receipt this Period 50.00
City KINNELON	State NJ	
Zip Code 07405		Transaction ID: INC:A:27476 Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B. Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 564 DALE COURT EAST		Transaction ID: INC:A:27334 Amount of Each Receipt this Period 30.00
City RIVER VALE	State NJ	
Zip Code 07675		Transaction ID: INC:A:27334 Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) MR DAVID SITVER		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 24 YORKSHIRE AVE		Transaction ID: INC:A:27437 Amount of Each Receipt this Period 31.00
City SUFFERN	State NY	
Zip Code 10901		Transaction ID: INC:A:27437 Amount of Each Receipt this Period 31.00
FEC ID number of contributing federal political committee. C		
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.00	

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 266 / 303

(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) ANN SMITH Mailing Address 437 GLENDALE RD City State Zip Code WYCKOFF NJ 07481 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS Sr Dir Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27441 Amount of Each Receipt this Period 25.00
B. Full Name (Last, First, Middle Initial) MR ROBERT SMITH Mailing Address 40 JOSHUA DR T City State Zip Code RAMSEY NJ 07446 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27566 Amount of Each Receipt this Period 50.00
C. 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 Occupation MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27619 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 303

(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 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 SOLUTIONSOccupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27639

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO

Mailing Address 32 ALDEN RD

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27319

Amount of Each Receipt this Period

25.00

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

Mailing Address 7 FOREST LAKE DR

City State Zip Code
WEST HARRISON NY 10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27551

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 268 / 303

(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 JILL STEARNS

Mailing Address 13130 HALSELL DR

City State Zip Code
AUSTIN TX 78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27592

Amount of Each Receipt this Period

25.00

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

Mailing Address 122 DEMAREST AVENUE

City State Zip Code
EMERSON NJ 07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27395

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City State Zip Code
SAGAMORE HILLS OH 44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27657

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 269 / 303

(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 CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27430

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27608

Amount of Each Receipt this Period

100.00

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

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code
ORANGE CT 06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27646

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 270 / 303

(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 State Zip Code
 MARYSVILLE OH 43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27354

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City State Zip Code
 MONTVILLE NJ 07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27591

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City State Zip Code
 KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27550

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 271 / 303

(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 821 SUMMIT CT

City State Zip Code
MANAKIN SABOT VA 23103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27321

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 374 KINGSTON CT

City State Zip Code
WEST NEW YORK NJ 07093

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27372

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 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 ▼

1385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27404

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 272 / 303

(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 MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27420

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27461

Amount of Each Receipt this Period

12.50

C. Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27328

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**

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

FOR LINE NUMBER: PAGE 273 / 303

(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 State Zip Code
AMHERST VA 24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27474

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
MR GARY TULLY
Mailing Address 16 FIELDHEDGE DRIVE

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27596

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS CARA VAN ZILE
Mailing Address 31 LINCOLN RD

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27415

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 274 / 303

(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 MICHELLE VANCURA Mailing Address W328 S4230 SPRING RIDGE City State Zip Code WAUKESHA WI 53188 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">430.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27658 Amount of Each Receipt this Period <div style="text-align: right;">20.00</div>
B. Full Name (Last, First, Middle Initial) MR NICHOLAS VASILOPOULOS Mailing Address 105 ARRANDALE RD City State Zip Code ROCKVILLE CENTRE NY 11570 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP MKTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">1000.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27464 Amount of Each Receipt this Period <div style="text-align: right;">50.00</div>
C. Full Name (Last, First, Middle Initial) MR WILBER VELARDE Mailing Address 443 WEST SADDLE RIVER RD City State Zip Code UPPER SADDLE RIVER NJ 07458 FEC ID number of contributing federal political committee. C Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">225.00</div>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27371 Amount of Each Receipt this Period <div style="text-align: right;">25.00</div>

SUBTOTAL of Receipts This Page (optional)**95.00****TOTAL** This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 275 / 303

(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 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 SOLUTIONSOccupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27307

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR MUNISH VIJ

Mailing Address 2108 HENRY COURT

City	State	Zip Code
MAHWAH	NJ	07430

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27633

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL WAIBEL

Mailing Address N48 W16381 LONE OAK LN

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: INC:A:27431

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 276 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27525 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
192.31																																
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27635 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 487.50		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27478 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">12.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	12.50									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
12.50																																

SUBTOTAL of Receipts This Page (optional)

397.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 277 / 303

(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 26072 HARBOR VIEW

City State Zip Code
CAPISTRANO BEACH CA 92624

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27330

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MS BEVERLY WATSON
Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27519

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER
Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27459

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 278 / 303

(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 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 PRES, CEO ACCREDO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.20		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27383 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">192.31</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	192.31									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27453 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
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 DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: INC:A:27322 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	6																							
20.00																																

SUBTOTAL of Receipts This Page (optional)

287.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 279 / 303

(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 CHRISTOPHER WILSON

Mailing Address 1 RIVER COURT
APARTMENT 2809

City State Zip Code
JERSEY CITY NJ 07310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CONSULT SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27438

Amount of Each Receipt this Period

50.00

B. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27547

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS MARILYN WOLLETT

Mailing Address 8174 MT AIR PL

City State Zip Code
COLUMBUS OH 43235

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27486

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 280 / 303

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27631 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) MS JUDITH WOOD Mailing Address 76 COLONIAL ROAD City STILLWATER State NY Zip Code 12170 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27585 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) MR JORDAN WOUK Mailing Address 554 CUMBERLAND AVE City TEANECK State NJ Zip Code 07666 FEC ID number of contributing federal political committee. C Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Transaction ID: INC:A:27603 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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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)

Full Name (Last, First, Middle Initial)

A. MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City State Zip Code
 POMPTON LAKES NJ 07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27367

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City State Zip Code
 WESTFIELD NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27446

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City State Zip Code
 SUFFERN NY 10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP E-COM DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27509

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

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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 JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27562

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27638

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)

40763.08

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

Use separate schedule(s)
or 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)

BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City State Zip Code
 CORTE MADERA CA 94925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.43

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: INC:A:27298

Amount of Each Receipt this Period

72.40

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional)

72.40

TOTAL This Period (last page this line number only)

72.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 284 / 303

<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)

Full Name (Last, First, Middle Initial)

A. BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City
CORTE MADERA

State
CA

Zip Code
94925

Purpose of Disbursement
BANK SUPPLIES

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.26544

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

30.74

Full Name (Last, First, Middle Initial)

B. NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City
MILL VALLEY

State
CA

Zip Code
94941

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.27296

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

157.50

SUBTOTAL of Disbursements This Page (optional)

188.24

TOTAL This Period (last page this line number only)

188.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BOB CORKER FOR U.S. SENATE

Mailing Address 518 GEORGIA AVE., 2ND FLOOR

City
CHATANOOGAState
TNZip Code
37403

Purpose of Disbursement

Candidate Name
ROBERT P. CORKER JR.Office Sought: ☐ House
☒ Senate
☐ President

State: TN District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26542

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK FOLEY

Mailing Address 1316 LAKE VICTORIA DR.

City
LAKE WORTHState
FLZip Code
33461

Purpose of Disbursement

Candidate Name
MARK FOLEYOffice Sought: ☒ House
☐ Senate
☐ President

State: FL District: 16

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26537

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

C. JOHN D DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th Street, NW Suite 800

City
WASHINGTONState
DCZip Code
20005

Purpose of Disbursement

Candidate Name
JOHN D. DINGELLOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 15

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26536

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JON KYL FOR U.S. SENATE

Mailing Address P.O. BOX 10246

City
PHOENIXState
AZZip Code
85064

Purpose of Disbursement

Candidate Name
JON KYLOffice Sought: ☐ House
☒ Senate
☐ President

State: AZ District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26541

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. PROSPERITY PAC

Mailing Address 429 N. SAINT ASAPH

City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

Candidate Name
GENERAL PURPOSE COMMITTEEOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26543

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

C. ROGERS FOR CONGRESS

Mailing Address P.O. BOX 581

City
BRIGHTONState
MIZip Code
48116

Purpose of Disbursement

Candidate Name
MICHAEL J ROGERSOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 08

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26540

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SUE KELLY FOR CONGRESS

Mailing Address PO BOX 599

City
KATONAH

State
NY

Zip Code
10536

Purpose of Disbursement

011

Category/
Type

Candidate Name
SUE KELLY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: EXP:B:26539

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. THE COMMITTEE TO RE-ELECT BOBBY JINDAL

Mailing Address PO BOX 8068

City
METAIRIE

State
LA

Zip Code
70011

Purpose of Disbursement

011

Category/
Type

Candidate Name
BOBBY JINDAL

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: EXP:B:26538

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BERKLEY FOR CONGRESS

Mailing Address 3609 CONQUISTA CT.

City
LAS VEGAS

State
NV

Zip Code
89121

Purpose of Disbursement

011

Category/
Type

Candidate Name
SHELLEY BERKLEY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: EXP:B:26902

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ELLEN TAUSCHER FOR CONGRESS

Mailing Address 20 PARK RD., SUITE E

City
BURLINGAMEState
CAZip Code
94010

Purpose of Disbursement

Candidate Name
ELLEN TAUSCHEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: EXP:B:26904

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR MIKE MCGAVICK

Mailing Address P.O. BOX 9247

City
SEATTLEState
WAZip Code
98109

Purpose of Disbursement

Candidate Name
MICHAEL SEAN MCGAVICKOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: EXP:B:26905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City
CLINTONState
MDZip Code
20735

Purpose of Disbursement

Candidate Name
STENY HAMILTON HOYEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: EXP:B:26901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NELSON 2006

Mailing Address PO BOX 8666

City
OMAHA

State
NE

Zip Code
68108

Purpose of Disbursement

011

Category/
Type

Candidate Name
BENJAMIN NELSON

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: EXP:B:26900

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS 2006

Mailing Address PO BOX 38585

City
DALLAS

State
TX

Zip Code
75238

Purpose of Disbursement

011

Category/
Type

Candidate Name
PETE SESSIONS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: EXP:B:26903

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City
WEST CONSHOHOCKEN

State
PA

Zip Code
19428

Purpose of Disbursement

011

Category/
Type

Candidate Name
RICK SANTORUM

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP:B:26906

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2021 E. DUBLIN GRANVILLE ROAD, SUI

City COLUMBUS State OH Zip Code 43229

Purpose of Disbursement

Candidate Name
PATRICK JOSEPH TIBERI

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 12

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF HILLARY

Mailing Address 1717 K STREET, NW, SUITE 309A

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name
HILLARY RODHAM CLINTON

Office Sought: ☐ House
☒ Senate
☐ President

State: NY District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. HELLER FOR CONGRESS

Mailing Address P.O. BOX 750580

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

Candidate Name
DEAN HELLER

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. KNOLLENBERG FOR CONGRESS COMMITTEE

Mailing Address 31000 TELEGRAPH RD., #110

City BINGHAM FARMS State MI Zip Code 48025

Purpose of Disbursement

Candidate Name
JOSEPH K. KNOLLENBERGOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 9

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26913

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	6

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN TANNER

Mailing Address POST OFFICE BOX 1994

City UNION CITY State TN Zip Code 38281

Purpose of Disbursement

Candidate Name
JOHN TANNEROffice Sought: ☒ House
☐ Senate
☐ President

State: TN District: 08

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26921

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MIKE FERGUSON

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name
MIKE FERGUSONOffice Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 07

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: EXP:B:26919

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	6

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. HALL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 711

City
ROCKWALL

State
TX

Zip Code
75087

Purpose of Disbursement

011

Category/
Type

Candidate Name

RALPH MOODY HALL

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: TX

District: 04

Transaction ID: EXP:B:26920

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

FRANK PALLONE, JR

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: NJ

District: 6

Transaction ID: EXP:B:26922

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City
PITTSBURGH

State
PA

Zip Code
15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

TIM MURPHY

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: PA

District: 18

Transaction ID: EXP:B:26923

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1500

City
CHICO

State
CA

Zip Code
95927

Purpose of Disbursement

011

Category/
Type

Candidate Name
WALLY HERGER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: EXP:B:26924

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, STE. 1425

City
SACRAMENTO

State
CA

Zip Code
95814

Purpose of Disbursement

011

Category/
Type

Candidate Name
ANNA ESHOO

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: EXP:B:26937

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS FOR CONGRESS

Mailing Address P.O. BOX 137

City
SPOKANE

State
WA

Zip Code
99210

Purpose of Disbursement

011

Category/
Type

Candidate Name
CATHY MCMORRIS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 5

Transaction ID: EXP:B:26929

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. EARL POMEROY FOR CONGRESS

Mailing Address PO BOX 9336

City
FARGO

State
ND

Zip Code
58106

Purpose of Disbursement

011

Category/
Type

Candidate Name
EARL POMEROY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: EXP:B:26934

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I CINCINNATI DAYTON RD.

City
WEST CHESTER

State
OH

Zip Code
45069

Purpose of Disbursement

011

Category/
Type

Candidate Name
JOHN BOEHNER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: EXP:B:27295

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NATHAN DEAL FOR CONGRESS

Mailing Address PO BOX 902

City
GAINSVILLE

State
GA

Zip Code
30503

Purpose of Disbursement

011

Category/
Type

Candidate Name
NATHAN DEAL

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: EXP:B:26933

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 295 / 303

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NELSON 2006

Mailing Address PO BOX 8666

City
OMAHA

State
NE

Zip Code
68108

Purpose of Disbursement

011

Category/
Type

Candidate Name
BENJAMIN NELSON

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: EXP:B:26936

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PORTER FOR CONGRESS

Mailing Address PO BOX 26087

City
LAS VEGAS

State
NV

Zip Code
89126

Purpose of Disbursement

011

Category/
Type

Candidate Name
JON PORTER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: EXP:B:27294

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PUTNAM FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 2257

City
BARTOW

State
FL

Zip Code
33831

Purpose of Disbursement

011

Category/
Type

Candidate Name
ADAM PUTNAM

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: EXP:B:26930

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 296 / 303

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SWEENEY FOR CONGRESS

Mailing Address P.O. BOX 1465

City
CLIFTON PARKState
NYZip Code
12065

Purpose of Disbursement

Candidate Name
JOHN E. SWEENEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: EXP:B:26932

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

B. TOM DAVIS FOR CONGRESS

Mailing Address 6429 DOWNING COURT

City
ANNANDALEState
VAZip Code
22003

Purpose of Disbursement

Candidate Name
TOM DAVISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: EXP:B:26935

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City
ST. JOSEPHState
MIZip Code
49085

Purpose of Disbursement

Candidate Name
FREDERICK STEVEN UPTONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: EXP:B:26931

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. J.D. HAYWORTH FOR CONGRESS

Mailing Address 14300 N. NORTHSIGHT BLVD., #105

City
SCOTTSDALE

State
AZ

Zip Code
85260

Purpose of Disbursement

Candidate Name
J.D. HAYWORTH

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ

District: 5

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: EXP:B:27297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

45500.00

**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 298 / 303

<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DALTON FOR NC SENATE

Mailing Address 560 MAIN ST.

City
RUTHERFORDTONState
NCZip Code
28139

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.26524

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

B. DALTON FOR NC SENATE

Mailing Address 560 MAIN ST.

City
RUTHERFORDTONState
NCZip Code
28139

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.26530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. FRED SMITH COMMITTEE

Mailing Address 311 ATHLETIC CLUB BLVD.

City
CLAYTONState
NCZip Code
27520

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.26526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Amount of Each Disbursement this Period

-250.00

SUBTOTAL of Disbursements This Page (optional)

-250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRED SMITH COMMITTEE

Mailing Address 311 ATHLETIC CLUB BLVD.

City
CLAYTON

State
NC

Zip Code
27520

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.26532

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. HARTSELL FOR NC SENATE

Mailing Address 129 OVERBROOK DR.

City
CONCORD

State
NC

Zip Code
28025

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.26527

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

C. HARTSELL FOR NC SENATE

Mailing Address 129 OVERBROOK DR.

City
CONCORD

State
NC

Zip Code
28025

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.26533

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SENATOR MARC BASNIGHT COMMITTEE

Mailing Address 220 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.26523

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. SENATOR MARC BASNIGHT COMMITTEE

Mailing Address 220 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.26529

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. SOLES FOR NC SENATE

Mailing Address P.O. BOX 6

City TABOR CITY State NC Zip Code 28463

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.26525

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

-250.00

SUBTOTAL of Disbursements This Page (optional)

-250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SOLES FOR NC SENATE

Mailing Address P.O. BOX 6

City TABOR CITY State NC Zip Code 28463

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.26531

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ASSEMBLY SPEAKER JOE ROBERTS

Mailing Address ROUTE 130 & BROWNING RD.
BROOKLAWN SHOPPING PLAZA

City BROOKLAWN State NJ Zip Code 08030

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007 ☒ Primary ☐ General ☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP.B.26535

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC PARTY OF KENTUCKY

Mailing Address PO BOX 694

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement

011
Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.26909

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVID PALSROK

Mailing Address 2051 12TH STREET

City MANISTEE State MI Zip Code 49660

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.26908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

B. MERLE BOUCHER FOR DISTRICT 9 RE-ELECTION FUND

Mailing Address 606 HIGHLAND STREET

City ROLETTE State ND Zip Code 58366

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: EXP.B.26911

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

-100.00

Full Name (Last, First, Middle Initial)

C. SCOT KELSH FOR DISTRICT 11 RE-ELECTION FUND

Mailing Address 1114 SOUTH 10TH ST.

City FARGO State ND Zip Code 58103

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: EXP.B.26910

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

-100.00

SUBTOTAL of Disbursements This Page (optional)

-450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRANCIS J. WALD FOR REPRESENTATIVE IN DISTRICT 37

Mailing Address P.O. BOX 926

City DICKINSON State ND Zip Code 58602

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: EXP.B.26927

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. MERLE BOUCHER FOR DISTRICT 9 RE-ELECTION FUND

Mailing Address 606 HIGHLAND STREET

City ROLETTE State ND Zip Code 58366

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: EXP.B.26925

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. SCOT KELSH FOR DISTRICT 11 RE-ELECTION FUND

Mailing Address 1114 SOUTH 10TH ST.

City FARGO State ND Zip Code 58103

Purpose of Disbursement

011

Category/
Type

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: EXP.B.26926

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

4050.00