

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street) 2350 KERNER BLVD., SUITE 250
Check if different than previously reported. (ACC) SAN RAFAEL CA 94901

2. FEC IDENTIFICATION NUMBER C00384362
3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2008 through 06 30 2008

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 08 18 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		302728.78
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	327436.55									
(c) Total Receipts (from Line 19)	40532.26	282106.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	367968.81	584835.31								
7. Total Disbursements (from Line 31)	59250.00	276116.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	308718.81	308718.81								
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)	1913.23									
	11 07 2006	CA								

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	39008.58	208818.77
(i) Itemized (use Schedule A)	1400.54	72646.72
(ii) Unitemized	40409.12	281465.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40409.12	281465.49
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.)	123.14	641.04
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))	40532.26	282106.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40532.26	282106.53

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	7066.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	7066.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	192500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3250.00	76550.00
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))..	59250.00	276116.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59250.00	276116.50

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	40409.12	281465.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40409.12	281465.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	7066.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	7066.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 288
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS LESLIE ACHTER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 821 ALBEMARLE STREET	Transaction ID: INC.A.48651
	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 Occupation MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR EDWARD ADAMCIK	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1021 SUNSET RIDGE	Transaction ID: INC.A.48579
	City State Zip Code BRIDGEWATER NJ 08807	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) DIANE ADAMS	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 34 THOMAS ST.	Transaction ID: INC.A.48956
	City State Zip Code CALDWELL NJ 07006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 139 BELLVALE LAKES RD	Transaction ID: INC.A.48650
	City State Zip Code WARWICK NY 10990	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) DR JODY ALLEN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 3031 MOUNT HILL DR	Transaction ID: INC.A.48649
	City State Zip Code MIDLOTHIAN VA 23113	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MARENE ALLISON	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 4405 WISMER ROAD	Transaction ID: INC.A.48951
	City State Zip Code DOYLESTOWN PA 18901	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SECURITY & ASSET PROTECTION	
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)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 288
	<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 JAMES ALLOCCO		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 19 ROSS ROAD		Transaction ID: INC.A.48712		
	City SCARSDALE	State NY	Zip Code 10583	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 INFO TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) TEJWANSH ANAND		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 10 WHIPPOORWILL LAKE ROAD		Transaction ID: INC.A.48921		
	City CHAPPAQUA	State NY	Zip Code 10514	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 INFO TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) DR ROGER ANDERSON		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 833 OXFORD COURT		Transaction ID: INC.A.48947		
	City LEWISVILLE	State TX	Zip Code 75056	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 & CHIEF PHARMACIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90			

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 288

(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 JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City State Zip Code
HEWITT NJ 07421

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR EXEC CORR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48784

Amount of Each Receipt this Period 25.00

B.

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 Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48730

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
DENNIS AUCH

Mailing Address 5788 S. WALDEN GLEN DRIVE

City State Zip Code
MURRAY UT 84123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACCREDO HEALTH GROUP VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49003

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 288
(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 CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code
CLEVELAND HEIGHTS OH 44118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48980

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City State Zip Code
GLEN RIDGE NJ 07028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48955

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 80 N. WOODLAND STREET

City State Zip Code
ENGLEWOOD NJ 07631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROPOSAL UNIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48864

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 288
	<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 BARATTA		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 69 SKYLINE DR		Transaction ID: INC.A.48796		
	City UPPER SADDLE RIVER	State NJ	Zip Code 07458	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 INFO TECHNOLOGY	Aggregate Year-to-Date 650.00		

B.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 452 MEDWAY RD		Transaction ID: INC.A.48981		
	City HIGHLAND HEIGHTS	State OH	Zip Code 44143	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	Aggregate Year-to-Date 3250.00		

C.	Full Name (Last, First, Middle Initial) MR STEPHEN BARROW		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 7 SOUTHVIEW ROAD		Transaction ID: INC.A.48865		
	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 DIR FINANCE	Aggregate Year-to-Date 285.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Henderson State NV Zip Code 89074

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48912
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City Vienna State VA Zip Code 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48759
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City Upper Saddle River State NJ Zip Code 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48924
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR PRODUCT LINE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49018

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS STACEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48965

Amount of Each Receipt this Period
20.00

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

Mailing Address 11 COBBLESTONE LANE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48794

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS EILEEN BIDELELL

Mailing Address 71 WASHINGTON CT.

City State Zip Code
TOWACO NJ 07082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48790

Amount of Each Receipt this Period
25.00

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

Mailing Address 4273 BROGDAN FARM COURT

City State Zip Code
BUFORD GA 30518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48805

Amount of Each Receipt this Period
25.00

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

Mailing Address 13702 W. 48TH ST.

City State Zip Code
SHAWNEE KS 66216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR CLINICAL OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49004

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 288
	<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) BRYAN BIRCH	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 4 WINDRUSH LANE	Transaction ID: INC.A.48920
	City WESTPORT State CT Zip Code 06880	Amount of Each Receipt this Period 192.00
	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 ▼ 2496.00	

B.	Full Name (Last, First, Middle Initial) MS CHRISTINE BIZARRO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 26 DAYLILY DRIVE	Transaction ID: INC.A.48961
	City MOUNT LAUREL State NJ Zip Code 08054	Amount of Each Receipt this Period 15.00
	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	

C.	Full Name (Last, First, Middle Initial) MS SUZANNE BLACKBURN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 4520 LINWOOD LANE	Transaction ID: INC.A.48911
	City DEEPHAVEN State MN Zip Code 55331	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP CLIENT & MKT STRATEGIC DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	257.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 288
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR MARK BLAKE	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 129 NORWOOD AVENUE	Transaction ID: INC.A.48967
	City State Zip Code MONTCLAIR NJ 07043	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR JONATHAN BLAUMAN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 50 NEW ENGLAND DR	Transaction ID: INC.A.48750
	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 Occupation MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) KEN BODMER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address P.O. BOX 381947	Transaction ID: INC.A.48836
	City State Zip Code GERMANTOWN TN 38183	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP SVP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

SUBTOTAL of Receipts This Page (optional)	292.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48914
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 305 10TH STREET NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48714
 Amount of Each Receipt this Period: 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48621
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 BARRY BOUDREAU	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 3380 SADDLEBROOK STREET	Transaction ID: INC.A.48560
	City State Zip Code LAS VEGAS NV 89141	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) RUSS BOURNE	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 242 N HIGHLAND	Transaction ID: INC.A.49017
	City State Zip Code MEMPHIS TN 38111	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 5259 FISHERCREST LN	Transaction ID: INC.A.48870
	City State Zip Code RICHMOND VA 23231	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
KAREN BOWE
Mailing Address 177 N. MILL ROAD
City HARRISBURG State PA Zip Code 17112
FEC ID number of contributing federal political committee. **C**
Name of Employer ACCREDO HEALTH GROUP Occupation AVP COMMUNITY AFFAIRS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 06 / 07 / 2008
Transaction ID: INC.A.48987
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS HEIDI BOWMAN
Mailing Address 15 DAWN LANE
City RINGWOOD State NJ Zip Code 07456
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR STRAT PRODUCT MGMT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 06 / 07 / 2008
Transaction ID: INC.A.48908
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
MS GWEN BRADY
Mailing Address 219 E. COMO AVENUE
City COLUMBUS State OH Zip Code 43202
FEC ID number of contributing federal political committee. **C**
Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS PLANNING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 06 / 07 / 2008
Transaction ID: INC.A.48642
Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional) ► 67.50
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS PATRICIA BRANUM
 Mailing Address **210 FROG HOLLOW ROAD**
 City **COATESVILLE** State **PA** Zip Code **19320**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48858
 Amount of Each Receipt this Period **75.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP INFO & PROCESS ENGINEERING**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **975.00**

B. Full Name (Last, First, Middle Initial)
MR DAVID BREEN
 Mailing Address **27 SEALS DR**
 City **MONROE** State **NY** Zip Code **10950**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48839
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR ANALYTICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MS LINDA BRIDGE
 Mailing Address **136 BEECH ST**
 City **BELLEVILLE** State **NJ** Zip Code **07109**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48693
 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 CLIENT/MEMBER COMM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR PAUL BRISSON
 Mailing Address **469 MANOR LANE**
 City **PELHAM MANOR** State **NY** Zip Code **10803**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48685
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **325.00**

B. Full Name (Last, First, Middle Initial)
MR RICHARD BROOKLER
 Mailing Address **9 ROMARY COURT**
 City **GLEN ROCK** State **NJ** Zip Code **07452**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48596
 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 FINANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **325.00**

C. Full Name (Last, First, Middle Initial)
MR KENNETH BROWN
 Mailing Address **540 GIORDANO DRIVE**
 City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48618
 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 ENTERPRISE BUS INTELLIGENCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

SUBTOTAL of Receipts This Page (optional) **100.00**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 288
	<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) STEVEN BROWN		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 140 S GROVE PARK		Transaction ID: INC.A.49006		
	City MEMPHIS	State TN	Zip Code 38117	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR PRODUCT LINE II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MS VIVIAN BULGER		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 120 EAST MAIN ST		Transaction ID: INC.A.48835		
	City WASHINGTONVILLE	State NY	Zip Code 10992	Amount of Each Receipt this Period 20.00	
	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 ▼ 260.00			

C.	Full Name (Last, First, Middle Initial) AMANDA BUNDY		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 5812 SEVEN POINTS TRACE		Transaction ID: INC.A.48997		
	City HERMITAGE	State TN	Zip Code 37076	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation VP REIMBURSEMENT			
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)	▶	95.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City State Zip Code
MARION AR 72364

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48996

Amount of Each Receipt this Period
25.00

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

Mailing Address 25 TIMBERLAND

City State Zip Code
ALISO VIEJO CA 92656

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48734

Amount of Each Receipt this Period
50.00

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

Mailing Address 23 NUTTING PLACE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48659

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 288		
	<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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MRS DOREEN CALDER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 441 S ELM STREET	Transaction ID: INC.A.48557
	City State Zip Code MAYWOOD NJ 07607	Amount of Each Receipt this Period 40.00
	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 ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 119 WASHINGTON AVENUE	Transaction ID: INC.A.48814
	City State Zip Code CHATHAM NJ 07928	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 24 SHERI DRIVE	Transaction ID: INC.A.48829
	City State Zip Code ALLENDALE NJ 07401	Amount of Each Receipt this Period 52.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP GROUP VP MARKET STRATEGY & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 682.50	

SUBTOTAL of Receipts This Page (optional)	▶	142.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 288
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) JOSEPH CASACCIA JR		Date of Receipt
	Mailing Address 9788 LIPSEY CV		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 07 / 2008
	City	State	Zip Code
	GERMANTOWN	TN	38139
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48793
Name of Employer ACCREDO HEALTH GROUP		Occupation DIR SPECIALTY OPS CUST SVC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MS MARY CASALE		Date of Receipt
	Mailing Address 822 CEDAR AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 07 / 2008
	City	State	Zip Code
	HADDENFIELD	NJ	08033
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48739
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SALES STRATEGY & MARKETING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MS KAREN CATHCART RUSSELL		Date of Receipt
	Mailing Address 148 CLUBHOUSE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 07 / 2008
	City	State	Zip Code
	WEST COLUMBIA	SC	29172
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48584
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR CLINICAL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 288
(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 JASON COLE

Mailing Address 14917 E BELLA VISTA

City VERADALE State WA Zip Code 99037

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48723
 Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48935
 Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 270 S FRANKLIN TURNPIKE

City RAMSEY State NJ Zip Code 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48611
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 288
(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)
JEFFREY COOLE

Mailing Address 1280 RIVER HOLLOW COVE

City State Zip Code
CORDOVA TN 38016

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP TAX AND REGULATORY REPORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48995

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City State Zip Code
CHAPPAQUA NY 10514

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48969

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY NETWORK MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48713

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 288
	<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 HART COVEN		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 28 OAK LANE		Transaction ID: INC.A.48804		
	City MORRISTOWN	State NJ	Zip Code 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 VP INFO TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MR ROBERT CRAIG		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 7979 E SANTA CATALINA DR		Transaction ID: INC.A.48697		
	City SCOTTSDALE	State AZ	Zip Code 85255	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR PRODUCT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

C.	Full Name (Last, First, Middle Initial) MR PETER CSUTOROS		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 16 PLEASANT AVENUE		Transaction ID: INC.A.48928		
	City LINCOLN PARK	State NJ	Zip Code 07035	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 FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	135.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 288
(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 ANGELO CUOZZO

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48744

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City State Zip Code
PARAMUS NJ 07652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48847

Amount of Each Receipt this Period
25.00

C. 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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48810

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 288
(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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48786

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE CLIENT & SALES SUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48695

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR FINANCE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49016

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2008
Transaction ID: INC.A.48830
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

B. Full Name (Last, First, Middle Initial)
 MR LUCA DEFLORENTIIS
 Mailing Address W62 N1032 FAIRHAVEN CT
 City State Zip Code
 CEDARBURG WI 53012
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2008
Transaction ID: INC.A.48760
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

C. Full Name (Last, First, Middle Initial)
 MR PAUL DELLO RUSSO
 Mailing Address 80 HILLSIDE AVENUE
 City State Zip Code
 GLEN RIDGE NJ 07028
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2008
Transaction ID: INC.A.48732
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS ASST COUNSEL
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 288
	<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 TONI DEMANSS	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 32 RED BARN LANE	Transaction ID: INC.A.48943
	City State Zip Code WEST MILFORD NJ 07480	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MS ANN-MARGARET DEMARCO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1 RUGBY ROAD	Transaction ID: INC.A.48612
	City State Zip Code CEDAR GROVE NJ 07009	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MS MAUREEN DEMPSEY	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 17 RICHWOOD PLACE	Transaction ID: INC.A.48957
	City State Zip Code DENVERVILLE NJ 07834	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR MEDICARE COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City State Zip Code
FISH CREEK WI 54212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR MEDICARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48975

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City State Zip Code
HARRINGTON PARK NJ 07640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48917

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP AVP MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48751

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 288
	<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 KAREN DEZEARN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 3625 PATTERNSTONE DR	Transaction ID: INC.A.48586
	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 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 ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR WILLIS DINGLE	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 905 SW SCRUB OAK AVE	Transaction ID: INC.A.48658
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

C.	Full Name (Last, First, Middle Initial) ANDREW DOEDYNS	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 117 CREST DRIVE	Transaction ID: INC.A.48985
	City State Zip Code BEAVER PA 15009	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP DIR CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 288
(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
							17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 9 CRANE AVENUE

City State Zip Code
WEST CALDWELL NJ 07006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48811

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48602

Amount of Each Receipt this Period
25.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48927

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► 242.30

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 288
(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 125 COMSTOCK TRAIL

City EAST HAMPTON State CT Zip Code 06424

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48743
 Amount of Each Receipt this Period: 25.00

B.

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

Mailing Address 2 DECKER TERRACE

City KINNELON State NJ Zip Code 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48625
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City OVERLAND PARK State KS Zip Code 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES SEGMENT LEADER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48654
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 DUNN		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 2 OLD MILL ROAD		Transaction ID: INC.A.48628		
	City SANDY HOOK	State CT	Zip Code 06482	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 TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) DR SUMIT DUTTA		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 534 HUDSON STREET #3C		Transaction ID: INC.A.48741		
	City NEW YORK	State NY	Zip Code 10014	Amount of Each Receipt this Period 77.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.00			

C.	Full Name (Last, First, Middle Initial) REBECCA DYER		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 1400 POPLAR ESTATES PKY		Transaction ID: INC.A.49005		
	City GERMANTOWN	State TN	Zip Code 38138	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation DIR PROJECT MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	▶	127.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48617

Amount of Each Receipt this Period
50.00

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

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48946

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 Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48801

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 288

(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 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 Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48949

Amount of Each Receipt this Period

50.00

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 Occupation
MEDCO HEALTH SOLUTIONS CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.03

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48549

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City State Zip Code
CLIFFSIDE PARK NJ 07010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48898

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 288
(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)
RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP HEALTH OUTCOME SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49014

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP CLIENT SLS AND MGD CARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48992

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP CARE ENHANCING SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48686

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 288

(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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2306.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48735

Amount of Each Receipt this Period

192.23

B.

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

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR E-COMM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48547

Amount of Each Receipt this Period

25.00

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 Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48871

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 288
(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 464 SPRING AVE.

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48831

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 10 TRACY CIRCLE

City State Zip Code
CAMPBELL HALL NY 10916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48626

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 Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL PROD INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48679

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 288
	<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 MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1933 MT. OLIVE AGOSTA ROAD	Transaction ID: INC.A.48776
	City State Zip Code NEW BLOOMINGTON OH 43341	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) CHAD FOREMAN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 9544 DOGWOOD ESTATES	Transaction ID: INC.A.49019
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP DIR FINANCE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) KEVIN FRANCO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 648 RIVERSIDE DR #222	Transaction ID: INC.A.48848
	City State Zip Code MEMPHIS TN 38103	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP FINANCE	
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)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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 NATIONAL SERVICE CENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48792

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code
CRANSTON RI 02905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48648

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP GENERAL MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.49002

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS VP & COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48546

Amount of Each Receipt this Period
50.00

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

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48907

Amount of Each Receipt this Period
192.31

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 Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48872

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 BARNEY GALLASSIO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 69 LAKEVIEW DR	Transaction ID: INC.A.48767
	City State Zip Code OLD TAPPAN NJ 07675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLIENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL GALVIN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 25 BALLYMEADE ROAD	Transaction ID: INC.A.48931
	City State Zip Code HOPEWELL JUNCTION NY 12533	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

C.	Full Name (Last, First, Middle Initial) MR OMHARASIRIRAM GANGAIKONDAN-IYER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 9 CAIRNES ROAD	Transaction ID: INC.A.48938
	City State Zip Code MORRIS PLAINS NJ 07950	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 288
	<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	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1201 BRIDGE STREET	Transaction ID: INC.A.48545
	City ASBURY PARK State NJ Zip Code 07712	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP TREASURY & FINANCIAL EVALS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR FRANK GENTILELLA	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 20 BROOKSHIRE DR	Transaction ID: INC.A.48656
	City ROBBINSVILLE State NJ Zip Code 08691	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 GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MATTHEW GIBBS	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 27 N. WACKER DR. SUITE 246	Transaction ID: INC.A.48977
	City CHICAGO State IL Zip Code 60606	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF CLINICAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 288
	<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 GIBBS	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 544 DENMOOR COURT	Transaction ID: INC.A.48600
	City State Zip Code GALLOWAY OH 43119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR THOMAS GILSON	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 2 PELL FARM ROAD	Transaction ID: INC.A.48902
	City State Zip Code SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

C.	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 305 BERGAMOT DRIVE	Transaction ID: INC.A.48550
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES UHG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional)	397.11
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 288
	<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 JONAH GITLITZ	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 43 OVERLOOK RIDGE	Transaction ID: INC.A.48609
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR JAMES GORMAN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 11 WASHBURN RD	Transaction ID: INC.A.48613
	City State Zip Code CANTON CT 06022	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR JAMES GRANT, JR	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1928 BEVERLY LANE	Transaction ID: INC.A.48671
	City State Zip Code BUFFALO GROVE IL 60089	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS	
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)	125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 50 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City State Zip Code
PEARL RIVER NY 10965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48689

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City State Zip Code
CONVENT STATION NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48728

Amount of Each Receipt this Period
25.00

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 GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48566

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 288

(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 KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48670

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48802

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ACCT SVCS & ADMIN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48906

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 288
	<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 KELLY HANZAWA		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 1116 OAKCROFT LANE		Transaction ID: INC.A.48873		
	City SOMERSET	State NJ	Zip Code 08873	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 OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER HARLOW		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 8 PROSPECT PLACE		Transaction ID: INC.A.48595		
	City POMPTON PLAINS	State NJ	Zip Code 07444	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 FINANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) SHARON HARRIS		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 186 N. WHITE STATION RD		Transaction ID: INC.A.48994		
	City MEMPHIS	State TN	Zip Code 38117	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 288
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR PETER HARTY	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 19520 YELLOW WING COURT	Transaction ID: INC.A.48548
	City State Zip Code COLORADO SPRINGS CO 80908	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

B.	Full Name (Last, First, Middle Initial) DAN HAYES	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 4679 AYRON TERRACE	Transaction ID: INC.A.48988
	City State Zip Code PALM HARBOR FL 34685	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR BILL HEAD	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 501 SLATERS LANE #816	Transaction ID: INC.A.48958
	City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 288
	<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 HEGGESTAD		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 13210 N. 11TH AVE.		Transaction ID: INC.A.48622		
	City PHOENIX	State AZ	Zip Code 85029	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MR THOMAS HEKKER		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 28 WEST THRID STREET #1332		Transaction ID: INC.A.48936		
	City SOUTH ORANGE	State NJ	Zip Code 07079	Amount of Each Receipt this Period 20.00	
	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 ▼ 260.00			

C.	Full Name (Last, First, Middle Initial) MR SCOTT HELMUS		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 23 VALLEY RD		Transaction ID: INC.A.48605		
	City SUCCASUNNA	State NJ	Zip Code 07876	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 CLIENT SOLUTIONS			
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)	▶	95.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS VP ENGINEERING & OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48681

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code
BUTLER NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48699

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
SHERLYN HOBGOOD

Mailing Address 6635 LAMBERT DR

City State Zip Code
MASON TN 38049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP BUSINESS UNIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48999

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 288

(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 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 Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48774

Amount of Each Receipt this Period

50.00

B.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48850

Amount of Each Receipt this Period

50.00

C.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48694

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48763

Amount of Each Receipt this Period
50.00

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

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code
CORDOVA TN 38018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ACCREDO HEALTH GROUP ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.49012

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48799

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48983

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48962

Amount of Each Receipt this Period
50.00

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

Mailing Address 6708 N.W. 112TH

City State Zip Code
OKLAHOMA CITY OK 73162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP GENERAL MGR - MULTI BRANCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.49000

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code
GALENA OH 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48779

Amount of Each Receipt this Period
30.00

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

Mailing Address 95 GORDON RD

City State Zip Code
ESSEX FELLS NJ 07021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48834

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48552

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 288		
	<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

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NAME 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	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 6366 SW 90TH STREET	Transaction ID: INC.A.48562
	City State Zip Code GAINESVILLE FL 32608	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS MARIANNE JACKS	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 329 MORRIS AVENUE	Transaction ID: INC.A.48588
	City State Zip Code MOUNTAIN LAKES NJ 07046	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 56 WARREN RD	Transaction ID: INC.A.48883
	City State Zip Code WEST ORANGE NJ 07052	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR MEDICARE OPS	
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)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 288
(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 JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHYSICIAN ENGAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48556

Amount of Each Receipt this Period
30.00

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48895

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
ROBERT JINKS

Mailing Address 22 PAGE AVE

City State Zip Code
LYNDHURST NJ 07071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48597

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WILLIAM JOEL
 Mailing Address **32 VENTOSA DR**
 City **MORRISTOWN** State **NJ** Zip Code **07960**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48729
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR ANALYTICAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
MS KATHRYN JONSRUD
 Mailing Address **16357 VICTORIA CURVE SE**
 City **PRIOR LAKE** State **MN** Zip Code **55372**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48724
 Amount of Each Receipt this Period **35.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR CLIENT & MKT PROG STRAT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **455.00**

C. Full Name (Last, First, Middle Initial)
MR JOHN KAPIOSKI
 Mailing Address **8202 MARSH GLEN CT**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48828
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR PHARMACY COMPLIANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

SUBTOTAL of Receipts This Page (optional) ► **110.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 63 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48710

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 Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48913

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48632

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 288
	<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 KELLEY, III		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 1970 WOODLANDS PL		Transaction ID: INC.A.48768		
	City POWELL	State OH	Zip Code 43065	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENERAL MGR GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MR KEVIN KELLY		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 251 POPLAR AVE		Transaction ID: INC.A.48587		
	City HACKENSACK	State NJ	Zip Code 07601	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) MR PETER KENNY		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 6040 BOULEVARD E APT 28G		Transaction ID: INC.A.48874		
	City WEST NEW YORK	State NJ	Zip Code 07093	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 ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 288

(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 Occupation
MEDCO HEALTH SOLUTIONS VP MEMBER STRATEGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48756

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)

MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City State Zip Code
EDISON NJ 08820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48933

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code
CHESTER NY 10918

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48885

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 288
	<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) KENNETH KLEPPER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 295 GLEN PLACE	Transaction ID: INC.A.48919
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

B.	Full Name (Last, First, Middle Initial) RICHARD KLUSOVSKY	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1016 FAIRWOOD LANE	Transaction ID: INC.A.49007
	City State Zip Code ACWORTH GA 30101	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP AVP MANAGED CARE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 555 FORBUSH STREET	Transaction ID: INC.A.48877
	City State Zip Code BOONTON NJ 07005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CLIENT RETAIL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	242.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48610

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48640

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

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 TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48571

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS VP E-COM STRATEGY & DELIVERY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48807

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 Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48861

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 Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48797

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 288

(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)
MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City State Zip Code
BRONX NY 10463

FEC ID number of contributing federal political committee. **C**

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48972

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City State Zip Code
LITTLETON CO 80127

FEC ID number of contributing federal political committee. **C**

Name of Employer
ACCREDO HEALTH GROUP

Occupation
VP REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.49008

Amount of Each Receipt this Period

50.00

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 ▼
1625.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48758

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 288
(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)
PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49009

Amount of Each Receipt this Period
25.00

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

Mailing Address 18 HARLIND TERRACE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48749

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48653

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 238 WOODLAND AVE	Transaction ID: INC.A.48698
	City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MS VERONA MACMAHON	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1504 WEST CULLOM AVE UNIT G	Transaction ID: INC.A.48896
	City State Zip Code CHICAGO IL 60613	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH MALLEY	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 764 W. SADDLE RIVER ROAD	Transaction ID: INC.A.48683
	City State Zip Code HO HO KUS NJ 07423	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING	
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)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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 Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48564

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City State Zip Code
WOODCLIFF LAKE DR NJ 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48816

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
OLD GREENWICH CT 06870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48637

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 288

(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)
LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48976

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 Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48706

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITED HEALTH GROUP DIR HR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.49013

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 288
	<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) THOMAS MARTIN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1882 E LAUREL HOLLOW	Transaction ID: INC.A.49010
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP CORP STRAT BUS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 11825 SHEPPARDS CROSSING	Transaction ID: INC.A.48665
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

C.	Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 35 SALTER PLACE	Transaction ID: INC.A.48937
	City State Zip Code MAPLEWOOD NJ 07040	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	267.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 288

(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		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 27 LAKEVILLE RD		Transaction ID: INC.A.48620		
	City SUSSEX	State NJ	Zip Code 07461	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 TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MR JEFFREY MAY		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 137 WASHINGTON AVE		Transaction ID: INC.A.48852		
	City HILLSDALE	State NJ	Zip Code 07642	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 DRUG DISTRIB & CONTROL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90			

C.	Full Name (Last, First, Middle Initial) MS PATRICIA MAZZONE		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 56 PENOBSCOT ST		Transaction ID: INC.A.48755		
	City CLIFTON	State NJ	Zip Code 07013	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 PRODUCT SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	▶	242.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 SHAMUS MC GUIRE	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 11 JARDINE COURT	Transaction ID: INC.A.48687
	City State Zip Code MORRIS PLAINS NJ 07950	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP SALES AND MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR DOUG MCCANN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 10201 E. 92ND STREET N	Transaction ID: INC.A.48966
	City State Zip Code OWASSO OK 74055	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) THOMAS MCCANN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 9600 DOVE SPRING CV	Transaction ID: INC.A.49015
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP SALES	
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)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 288

(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 MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48800

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST GENERAL COUNSEL

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48757

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP BUSINESS OPS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48892

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

409.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City ORADELL State NJ Zip Code 07649

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS PLANNING & ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48603
Amount of Each Receipt this Period: 25.00

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

Mailing Address 600 W 2ND AVE

City DERRY State PA Zip Code 15627

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation AVP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48986
Amount of Each Receipt this Period: 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48569
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS KAREN MILLER
 Mailing Address **34 MACKENZIE LANE NORTH**
 City **DENVILLE** State **NJ** Zip Code **07834**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48563
 Amount of Each Receipt this Period **30.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR INTERNAL AUDIT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **390.00**

B. Full Name (Last, First, Middle Initial)
MR GIOVANNI MINARDI
 Mailing Address **12 LINCOLN ROAD**
 City **KINNELON** State **NJ** Zip Code **07405**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48904
 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 TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MR BHUPESH MISTRY
 Mailing Address **106 HAMBURG ROAD**
 City **PARSIPPANY** State **NJ** Zip Code **07054**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48576
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

SUBTOTAL of Receipts This Page (optional) ► **80.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City State Zip Code
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48672

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
WARRINGTON PA 18976

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48680

Amount of Each Receipt this Period
25.00

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
SHORT HILLS NJ 07078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACEUTICAL CONTRACTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48553

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional) ► 242.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS THERESA MORMILE
 Mailing Address **59 VALLEY VIEW TER**
 City **MONTVALE** State **NJ** Zip Code **07645**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48853
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

B. Full Name (Last, First, Middle Initial)
MR RICHARD MOUNTJOY
 Mailing Address **2 STONEBRIDGE RD**
 City **SPARTA** State **NJ** Zip Code **07871**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48886
 Amount of Each Receipt this Period: **20.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SR NATL ACCT EXEC**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **260.00**

C. Full Name (Last, First, Middle Initial)
MR ROBERT MULLER
 Mailing Address **69 FERN PLACE**
 City **PARAMUS** State **NJ** Zip Code **07652**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48863
 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 HLTH BUS CLIENT ENROLLMNT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

SUBTOTAL of Receipts This Page (optional) ► **120.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 82 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 64 WALTER AVE

City HASBROUCK HEIGHTS State NJ Zip Code 07604

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2008

Transaction ID: INC.A.48608

Amount of Each Receipt this Period 25.00

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

Mailing Address PO BOX 523

City SUGAR LOAF State NY Zip Code 10981

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2008

Transaction ID: INC.A.48592

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City RIDGEWOOD State NJ Zip Code 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2008

Transaction ID: INC.A.48638

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 288
(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 JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKET STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48748
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City TAMPA State FL Zip Code 33635

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR SECURITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48634
 Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 6 PARK DR SOUTH

City RYE State NY Zip Code 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48875
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 288
	<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 SUNNY OGBONDA	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 79 LAUREL WOOD COURT	Transaction ID: INC.A.48577
	City State Zip Code ROCKAWAY TOWNSHIP NJ 07866	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR MELVIN OHL	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 274 E FRANKLIN TPKE	Transaction ID: INC.A.48825
	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 Occupation MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MRS SUE OLIVER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 11 LEE DRIVE	Transaction ID: INC.A.48837
	City State Zip Code NORTH HALEDON NJ 07508	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48868

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 Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48953

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 Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48731

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 288
(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 LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City RINGWOOD State NJ Zip Code 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48813
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City PARK RIDGE State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48812
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City PARK RIDGE State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48808
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS VP RETIREE SOLUTIONS MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48726

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City State Zip Code
MONMOUTH JUNCTION NJ 08852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48720

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City State Zip Code
HAWTHORNE NJ 07506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48942

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48771

Amount of Each Receipt this Period
25.00

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

Mailing Address 211 WILTSIE COURT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48690

Amount of Each Receipt this Period
20.00

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

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REGULATORY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48990

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 288
	<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 PETEROY	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 4769 STAVANGER LANE	Transaction ID: INC.A.48795
	City State Zip Code LAS VEGAS NV 89147	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR NATHAN PETERSON	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 3412 AUTUMN WOODS DRIVE	Transaction ID: INC.A.48702
	City State Zip Code CHASKA MN 55318	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR THOMAS PETTYES	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 8522 UPLAND LN NORTH	Transaction ID: INC.A.48660
	City State Zip Code MAPLE GROVE MN 55311	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 288

(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)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City State Zip Code
LINCOLN PARK NJ 07035

FEC ID number of contributing federal political committee. **C**

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48970

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 1050 S. CLARKSON ST

City State Zip Code
DENVER CO 80209

FEC ID number of contributing federal political committee. **C**

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP LABOR RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48968

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City State Zip Code
MECHANICSVILLE VA 23116

FEC ID number of contributing federal political committee. **C**

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48700

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 29 BLACKWELL AVE

City MORRISTOWN State NJ Zip Code 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2008

Transaction ID: INC.A.48565

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City MONSEY State NY Zip Code 10952

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2008

Transaction ID: INC.A.48663

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City DUNNELLON State FL Zip Code 34432

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2008

Transaction ID: INC.A.48876

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 288
	<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 NEIL PREZIOSO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 10258 WINDSOR WAY	Transaction ID: INC.A.48780
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HLTH CARE OPS/FORMULARY/CDP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 875 ALEXANDRIA CT	Transaction ID: INC.A.48740
	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 Occupation MEDCO HEALTH SOLUTIONS SVP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

C.	Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 135 HOLLYBERRY DRIVE	Transaction ID: INC.A.48845
	City State Zip Code HOPEWELL JUNCTION NY 12533	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CONTRACT ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	267.30
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 0 8
Transaction ID: INC.A.48909
 Amount of Each Receipt this Period
 192.31
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.03

B. Full Name (Last, First, Middle Initial)
 SYED QUADRI
 Mailing Address 6040 KENNEDY BLVD EAST
 APT 30N
 City State Zip Code
 WEST NEW YORK NJ 07093
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 0 8
Transaction ID: INC.A.48903
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR PRIVACY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

C. Full Name (Last, First, Middle Initial)
 MR GILBERT RAINES
 Mailing Address 800 SANDY TRAIL
 City State Zip Code
 KELLER TX 76248
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 0 8
Transaction ID: INC.A.48926
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR HR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

SUBTOTAL of Receipts This Page (optional) ► 242.31
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 288
(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
							17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48589

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City State Zip Code
QUAKER CITY OH 43773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ELIGIBILITY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48881

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 Occupation
MEDCO HEALTH SOLUTIONS SPECIAL ADVISOR TO CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 849.94

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48833

Amount of Each Receipt this Period
65.38

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48737

Amount of Each Receipt this Period
25.00

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

Mailing Address 43 HAROLD ST.
UNIT B

City State Zip Code
COS COB CT 06807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR RECONCILIATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48678

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48878

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 288

(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 Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 910.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48923

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP SR MGR BUS DEV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48991

Amount of Each Receipt this Period

25.00

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 Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48619

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS SORAYA RODRIGUEZ-BALZAC
 Mailing Address **22 PAPOOSE TRAIL**
 City **ANDOVER** State **NJ** Zip Code **07821**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48922
 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 PUBLIC AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO
 Mailing Address **96 LEHMANN STREET**
 City **MAHWAH** State **NJ** Zip Code **07430**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48676
 Amount of Each Receipt this Period **192.30**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **PRESIDENT SYSTEMED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **2499.90**

C. Full Name (Last, First, Middle Initial)
DAVID ROOT
 Mailing Address **212 SPRING BRANCH ROAD**
 City **WAVERLY** State **VA** Zip Code **23890**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48974
 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 STATE GOVERNMENT AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

SUBTOTAL of Receipts This Page (optional) ► **242.30**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 288 (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)

<p>A. Full Name (Last, First, Middle Initial) MS DONNA ROSEN</p> <p>Mailing Address 7 RED OAK LANE</p> <p>City State Zip Code KINNELON NJ 07405</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP OPS-CLINICAL TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 07 / 2008</p> <p>Transaction ID: INC.A.48846</p> <p>Amount of Each Receipt this Period 50.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) DR CHRISTINE ROTTAS</p> <p>Mailing Address 7227 RAMOTH DRIVE</p> <p>City State Zip Code JACKSONVILLE FL 32226</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 07 / 2008</p> <p>Transaction ID: INC.A.48643</p> <p>Amount of Each Receipt this Period 50.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR RICHARD RUBINO</p> <p>Mailing Address 3 APACHE DRIVE</p> <p>City State Zip Code OAKLAND NJ 07436</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCE & CHIEF FIN OFFCR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2509.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 07 / 2008</p> <p>Transaction ID: INC.A.48842</p> <p>Amount of Each Receipt this Period 193.00</p>
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SUBTOTAL of Receipts This Page (optional)	293.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 288
(check only one)

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR STEVEN 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 ACCREDO HEALTH GROUP Occupation VP CLINICAL MGMT & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48692

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 Y
06 / 07 / 2008

Transaction ID: INC.A.48789

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 PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1018.42

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48832

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 288		
	<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

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NAME 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		Date of Receipt
	Mailing Address 4836 MIDDLE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 07 / 2008
	City	State	Zip Code
	ALLISON PARK	PA	15101
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48862
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS REQUIREMENTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR MICHAEL SARDONE		Date of Receipt
	Mailing Address 7 AHERN WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 07 / 2008
	City	State	Zip Code
	WEST ORANGE	NJ	07052
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48721
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR ENTERPRISE BUS INTELLIG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MR MATTHEW SARDY		Date of Receipt
	Mailing Address 230 FAIRFIELD AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 07 / 2008
	City	State	Zip Code
	RIDGEWOOD	NJ	07450
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.48623
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 101 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BETH SAVARE

Mailing Address 27 JONES LN

City State Zip Code
BLAIRSTOWN NJ 07825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48838

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 Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48841

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City State Zip Code
SKOKIE IL 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48615

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
 MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48880

Amount of Each Receipt this Period
 50.00

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 Occupation
 MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48769

Amount of Each Receipt this Period
 25.00

C. Full Name (Last, First, Middle Initial)
 MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
 SALT LAKE CITY UT 84109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48561

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 **WAYNE** State **NJ** Zip Code **07470**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR TECHNOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 07 / 2008**

Transaction ID: INC.A.48591

Amount of Each Receipt this Period **25.00**

B.

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

Mailing Address **66 PROSPECT AVE**

City **WESTWOOD** State **NJ** Zip Code **07675**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP BUSINESS DEV**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 07 / 2008**

Transaction ID: INC.A.48900

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 **LAS VEGAS** State **NV** Zip Code **89148**

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 ▼ **1320.00**

Date of Receipt **06 / 07 / 2008**

Transaction ID: INC.A.48754

Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

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

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

FOR LINE NUMBER: PAGE 104 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR JOHN SHEA
 Mailing Address 62 FRANKLIN TURNPIKE
 City ALLENDALE State NJ Zip Code 07401
 Date of Receipt 06 / 07 / 2008
Transaction ID: INC.A.48575
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 520.00

B. Full Name (Last, First, Middle Initial)
 MR FRANK SHEEHY
 Mailing Address 119 HAMILTON RD
 City RIDGEWOOD State NJ Zip Code 07450
 Date of Receipt 06 / 07 / 2008
Transaction ID: INC.A.48631
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1300.00

C. Full Name (Last, First, Middle Initial)
 MR PETER SHERMAN
 Mailing Address 139 GATES AVENUE
 City MONTCLAIR State NJ Zip Code 07042
 Date of Receipt 06 / 07 / 2008
Transaction ID: INC.A.48554
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 650.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 105 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City NORTH ARLINGTON State NJ Zip Code 07031

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRICING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48716

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City LONG BEACH State CA Zip Code 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48646

Amount of Each Receipt this Period 25.00

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

Mailing Address 704 SAW PALMETTO COURT

City PORT ORANGE State FL Zip Code 32128

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48733

Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional) ► 242.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 288
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR LEE SIMON	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 2390 GREENVIEW ROAD	Transaction ID: INC.A.48887
	City State Zip Code NORTHBROOK IL 60062	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR JEFFREY SINKO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 10 CHERRY TREE LANE	Transaction ID: INC.A.48764
	City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM SIRICO	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 564 DALE COURT EAST	Transaction ID: INC.A.48590
	City State Zip Code RIVER VALE NJ 07675	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
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)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
 MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City State Zip Code
MECHANICSBURG PA 17050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48824

Amount of Each Receipt this Period
25.00

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 Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48715

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
 ANN SMITH

Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48719

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 288		
	<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

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR ROBERT SMITH	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 40 JOSHUA DR T	Transaction ID: INC.A.48860
	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 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 ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 23 CEDAR GATE ROAD	Transaction ID: INC.A.48915
	City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period 192.31
	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 ▼ 2500.03	

C.	Full Name (Last, First, Middle Initial) MR ALAN SOKALER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 30 MICHELLE WAY	Transaction ID: INC.A.48941
	City State Zip Code PINE BROOK NJ 07058	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	292.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 109 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City Greensboro State NC Zip Code 27410

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48989

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City Colleyville State TX Zip Code 76034

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48782

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City Monroe State NY Zip Code 10950

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48568

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 288
(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) PETER STARK		Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 4840 COLE ROAD		Transaction ID: INC.A.49011
	City MEMPHIS	State TN	Zip Code 38117
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ACCREDO HEALTH GROUP		Occupation GROUP VP MANUF SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN		Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 7 FOREST LAKE DR		Transaction ID: INC.A.48844
	City WEST HARRISON	State NY	Zip Code 10604
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GROUP VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) CHANNING STAVE		Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 77 HIGHVIEW AVE		Transaction ID: INC.A.48973
	City TUCKAHOE	State NY	Zip Code 10707
	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 MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 111 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48890

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48666

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48708

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 288
(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) DR GLEN STETTIN		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 8 MILL GLEN CT		Transaction ID: INC.A.48905		
	City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/GM ADVANCED CLINICAL SLTNS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.03			

B.	Full Name (Last, First, Middle Initial) MS JANNA STOUL		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 4 APACHE WAY		Transaction ID: INC.A.48581		
	City MONTVILLE	State NJ	Zip Code 07045	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 TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) MR SCOTT STRATTON		Date of Receipt MM / DD / YYYY 06 / 07 / 2008		
	Mailing Address 351 TIMBERLANE DRIVE		Transaction ID: INC.A.48948		
	City ORANGE	State CT	Zip Code 06477	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 PRODUCT DEVELOPMENT			
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)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 113 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS PATRICIA STRETE
 Mailing Address **19275 PAVER BARNES ROAD**
 City **MARYSVILLE** State **OH** Zip Code **43040**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48614
 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 CLINICAL THERAPEUTICS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
MS COLEEN SULLIVAN
 Mailing Address **38 BARKMILL TERRACE**
 City **MONTVILLE** State **NJ** Zip Code **07045**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48888
 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 TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MS CYNTHIA SULLIVAN
 Mailing Address **21 DENISE DRIVE**
 City **KINNELON** State **NJ** Zip Code **07405**
 Date of Receipt **06 / 07 / 2008**
Transaction ID: INC.A.48843
 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 FINANCIAL SVCS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **2499.90**

SUBTOTAL of Receipts This Page (optional) ► **242.30**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 114 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code
MIDLOTHIAN VA 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR CS SYSTEMS PLAN & IMPLEM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48572

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APPT 209

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48635

Amount of Each Receipt this Period
40.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2008

Transaction ID: INC.A.48674

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City State Zip Code
 UPPER ARLINGTON OH 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48910

Amount of Each Receipt this Period
 25.00

B.

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

Mailing Address 13 BIRCH TERRACE

City State Zip Code
 MT ARLINGTON NJ 07856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48930

Amount of Each Receipt this Period
 25.00

C.

Full Name (Last, First, Middle Initial)
 MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City State Zip Code
 WAYNE NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48645

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE
#1E

City State Zip Code
EVANSTON IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48578

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48688

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48747

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48582

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48761

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48894

Amount of Each Receipt this Period
 30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City State Zip Code
DRAPER UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48711

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 State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48684

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48984

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 288
(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 JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City State Zip Code
MIDLAND PARK NJ 07432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCIAL APPLICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48598

Amount of Each Receipt this Period
25.00

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48752

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP GROUP VP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.49001

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 120 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR WIL 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 SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48633

Amount of Each Receipt this Period
40.00

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

Mailing Address 201 WATCHUNG AVENUE
UNIT #17

City State Zip Code
BLOOMFIELD NJ 07003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MEDICAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48629

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 Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48551

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 11 BOULDER TRAIL	Transaction ID: INC.A.48932
	City MAHWAH State NJ Zip Code 07430	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation TECHNICAL SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 325.00	

B.	Full Name (Last, First, Middle Initial) MS ANNETTE WAGNER	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 8 INDIAN RUN ROAD	Transaction ID: INC.A.48806
	City LONG VALLEY State NJ Zip Code 07853	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 TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 325.00	

C.	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 450 BEECHMONT DR	Transaction ID: INC.A.48815
	City NEW ROCHELLE State NY Zip Code 10804	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP REGULATORY & MC PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2500.03	

SUBTOTAL of Receipts This Page (optional)	242.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 122 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48567

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
DALLAS TX 75206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48934

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48766

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

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

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

FOR LINE NUMBER: PAGE 123 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City State Zip Code
SAN CLEMENTE CA 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATL ACCTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48585

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 Occupation
MEDCO HEALTH SOLUTIONS DIR BENEFIT DELIVERY SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48809

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 Occupation
MEDCO HEALTH SOLUTIONS VP CORP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48745

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 288
(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)
MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCREDO HEALTH GROUP Occupation AVP QA AND PRODUCT INTEGRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48718

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
LOWELL WEINER

Mailing Address 1 BURGESS COURT

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48971

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 ▼ 2500.03

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: INC.A.48655

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

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

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

FOR LINE NUMBER: PAGE 125 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48738

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48573

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City State Zip Code
LYNNWOOD WA 98037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48662

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 **VERONA** State **NJ** Zip Code **07044**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48840
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **325.00**

B. Full Name (Last, First, Middle Initial)
MR MICHAEL WISNIEWSKI
 Mailing Address **23 DRUID HILL DR**
 City **PARSIPPANY** State **NJ** Zip Code **07054**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48889
 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 CONTRACT ADMINISTRATION**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **325.00**

C. Full Name (Last, First, Middle Initial)
MR STEPHEN WOGEN
 Mailing Address **145 WAUGHAW ROAD**
 City **TOWACO** State **NJ** Zip Code **07082**
 Date of Receipt: **06 / 07 / 2008**
Transaction ID: INC.A.48669
 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 MEDICARE FINANCE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 288
(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 ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City PISCATAWAY State NJ Zip Code 08854

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR RRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48583
 Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 64-20 BELL BLVD

City BAYSIDE State NY Zip Code 11364

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INSURED SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48929
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 76 COLONIAL ROAD

City STILLWATER State NY Zip Code 12170

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 07 / 2008
Transaction ID: INC.A.48882
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 288		
	<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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) BRENDA WRIGHT	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 1834 HUNTERS CREEK DRIVE	Transaction ID: INC.A.48998
	City State Zip Code GERMANTOWN TN 38138	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP VP QUALITY INTEGRITY HEALTH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 793 LINCOLN AVE	Transaction ID: INC.A.48627
	City State Zip Code POMPTON LAKES NJ 07442	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MS SARAH YINGLING	Date of Receipt MM / DD / YYYY 06 / 07 / 2008
	Mailing Address 901 ST MARKS AVE	Transaction ID: INC.A.48727
	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 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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 129 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS VP E-COM DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48798

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR CONSOLIDATION PLAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48855

Amount of Each Receipt this Period
25.00

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

Mailing Address 6550 HERONWOOD DR

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP VP BUS DEV AND MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: INC.A.48644

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 288
(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 JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City Loveland State OH Zip Code 45140

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48705

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 Franklin Lakes State NJ Zip Code 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 07 / 2008

Transaction ID: INC.A.48939

Amount of Each Receipt this Period 25.00

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

Mailing Address 26 DAYLILY DRIVE

City Mount Laurel State NJ Zip Code 08054

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 14 / 2008

Transaction ID: INC.A.49504

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 288
	<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 BARRY BOUDREAU	Date of Receipt MM / DD / YYYY 06 / 14 / 2008
	Mailing Address 3380 SADDLEBROOK STREET	Transaction ID: INC.A.49104
	City State Zip Code LAS VEGAS NV 89141	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS GWEN BRADY	Date of Receipt MM / DD / YYYY 06 / 14 / 2008
	Mailing Address 219 E. COMO AVENUE	Transaction ID: INC.A.49186
	City State Zip Code COLUMBUS OH 43202	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR JASON COLE	Date of Receipt MM / DD / YYYY 06 / 14 / 2008
	Mailing Address 14917 E BELLA VISTA	Transaction ID: INC.A.49266
	City State Zip Code VERADALE WA 99037	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 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 ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	47.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 132 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 8
Transaction ID: INC.A.49329
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 650.00

B. Full Name (Last, First, Middle Initial)
MR WILLIS DINGLE
 Mailing Address 905 SW SCRUB OAK AVE
 City State Zip Code
 PALM CITY FL 34990
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 8
Transaction ID: INC.A.49202
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP HR
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 575.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH FREND0
 Mailing Address 9 GREEN HILL TRAIL
 City State Zip Code
 TROPHY CLUB TX 76262
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 8
Transaction ID: INC.A.49335
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1300.00

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 133 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 8

Transaction ID: INC.A.49144

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City State Zip Code
GIBSONIA PA 15044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 8

Transaction ID: INC.A.49197

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 8

Transaction ID: INC.A.49314

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **67.50**

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

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

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

FOR LINE NUMBER: PAGE 134 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 **KELLER** State **TX** Zip Code **76248**
 Date of Receipt: **06 / 14 / 2008**
Transaction ID: INC.A.49468
 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 HR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

B. Full Name (Last, First, Middle Initial)
MRS MONICA REED
 Mailing Address **8475 DUNHAM STATION DRIVE**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt: **06 / 14 / 2008**
Transaction ID: INC.A.49280
 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 PHARM PRACTICE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

C. Full Name (Last, First, Middle Initial)
MR THOMAS SHANAHAN, III
 Mailing Address **266 BRUSHY CREEK AVE**
 City **LAS VEGAS** State **NV** Zip Code **89148**
 Date of Receipt: **06 / 14 / 2008**
Transaction ID: INC.A.49297
 Amount of Each Receipt this Period: **60.00**
 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: **1320.00**

SUBTOTAL of Receipts This Page (optional) ► **110.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 288
	<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 JENNIFER SPIDLE	Date of Receipt MM / DD / YYYY 06 / 14 / 2008
	Mailing Address 6108 HUNTER LANE	Transaction ID: INC.A.49325
	City State Zip Code COLLEYVILLE TX 76034	Amount of Each Receipt this Period 25.00
	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 ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT	Date of Receipt MM / DD / YYYY 06 / 14 / 2008
	Mailing Address 8362 GOLDEN PRAIRIE DRIVE	Transaction ID: INC.A.49218
	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 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 ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MR TIMOTHY TIDD	Date of Receipt MM / DD / YYYY 06 / 14 / 2008
	Mailing Address 7974 FLAMETREE CT	Transaction ID: INC.A.49290
	City State Zip Code LAS VEGAS NV 89123	Amount of Each Receipt this Period 25.00
	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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
 Date of Receipt
 M M / D D / Y Y Y Y Y
06 14 2008
Transaction ID: INC.A.49309
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1300.00

B. Full Name (Last, First, Middle Initial)
 MR JAMES ZIRPOLI
 Mailing Address 6691 DEERVIEW DRIVE
 City State Zip Code
LOVELAND OH 45140
 Date of Receipt
 M M / D D / Y Y Y Y Y
06 14 2008
Transaction ID: INC.A.49248
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 650.00

C. Full Name (Last, First, Middle Initial)
 MS LESLIE ACHTER
 Mailing Address 821 ALBEMARLE STREET
 City State Zip Code
WYCKOFF NJ 07481
 Date of Receipt
 M M / D D / Y Y Y Y Y
06 21 2008
Transaction ID: INC.A.49196
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 325.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 137 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 1021 SUNSET RIDGE

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP PHARM CONTRACT & CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49124

Amount of Each Receipt this Period
50.00

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

Mailing Address 34 THOMAS ST.

City State Zip Code
CALDWELL NJ 07006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49500

Amount of Each Receipt this Period
25.00

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

Mailing Address 139 BELLVALE LAKES RD

City State Zip Code
WARWICK NY 10990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49195

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 3031 MOUNT HILL DR

City State Zip Code
 MIDLOTHIAN VA 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49194

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 Occupation
 MEDCO HEALTH SOLUTIONS VP SECURITY & ASSET PROTECTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49495

Amount of Each Receipt this Period
 50.00

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 Occupation
 MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49256

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 288
	<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) TEJWANSH ANAND	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 10 WHIPPOORWILL LAKE ROAD	Transaction ID: INC.A.49464
	City State Zip Code CHAPPAQUA NY 10514	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) DR ROGER ANDERSON	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 833 OXFORD COURT	Transaction ID: INC.A.49490
	City State Zip Code LEWISVILLE TX 75056	Amount of Each Receipt this Period 192.30
	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 ▼ 2499.90	

C.	Full Name (Last, First, Middle Initial) MS JAYME ANTONOPLOS	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 48 WITTE ROAD	Transaction ID: INC.A.49328
	City State Zip Code HEWITT NJ 07421	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	267.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49274

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
DENNIS AUCH

Mailing Address 5788 S. WALDEN GLEN DRIVE

City State Zip Code
MURRAY UT 84123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49548

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City State Zip Code
CLEVELAND HEIGHTS OH 44118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49525

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 288
(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) ERIK BAGIN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 73 HIGHLAND AVENUE		Transaction ID: INC.A.49499
City GLEN RIDGE	State NJ	Zip Code 07028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) MS BECKIE BARATKO		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 80 N. WOODLAND STREET		Transaction ID: INC.A.49407
City ENGLEWOOD	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
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 ▼ 455.00	

C.

Full Name (Last, First, Middle Initial) MR THOMAS BARATTA		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 69 SKYLINE DR		Transaction ID: INC.A.49340
City UPPER SADDLE RIVER	State NJ	Zip Code 07458
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 INFO TECHNOLOGY	
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)	135.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 288		
	<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

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NAME OF 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	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 452 MEDWAY RD	Transaction ID: INC.A.49526
	City State Zip Code HIGHLAND HEIGHTS OH 44143	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN BARROW	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 7 SOUTHVIEW ROAD	Transaction ID: INC.A.49408
	City State Zip Code RANDOLPH NJ 07869	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) MR DAVID BAUGH	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 1813 ADONIS AVE	Transaction ID: INC.A.49455
	City State Zip Code HENDERSON NV 89074	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS MGR BENEFIT DELIVERY SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 288
	<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		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 1605 CHARNITA CT		Transaction ID: INC.A.49303		
	City VIENNA	State VA	Zip Code 22182	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP GOVERNMENT AFFAIRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

B.	Full Name (Last, First, Middle Initial) MR STEPHEN BELL		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 24 GLENWOOD ROAD		Transaction ID: INC.A.49467		
	City UPPER SADDLE RIVER	State NJ	Zip Code 07458	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 ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) JEAN BERGWALL		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 2546 HOLLYHOCK COVE		Transaction ID: INC.A.49563		
	City GERMANTOWN	State TN	Zip Code 38138	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR PRODUCT LINE II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 144 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 STAGEY BERNSTEIN

Mailing Address 166 BERKELEY PLACE

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49509

Amount of Each Receipt this Period
20.00

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

Mailing Address 11 COBBLESTONE LANE

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49338

Amount of Each Receipt this Period
25.00

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49334

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

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

FOR LINE NUMBER: PAGE 145 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 **BUFORD** State **GA** Zip Code **30518**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49349
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
CALVIN BINGHAM
 Mailing Address **13702 W. 48TH ST.**
 City **SHAWNEE** State **KS** Zip Code **66216**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49549
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDO HEALTH GROUP** Occupation **DIR CLINICAL OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
BRYAN BIRCH
 Mailing Address **4 WINDRUSH LANE**
 City **WESTPORT** State **CT** Zip Code **06880**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49463
 Amount of Each Receipt this Period **192.00**
 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 **2496.00**

SUBTOTAL of Receipts This Page (optional) ► **242.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 146 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49505

Amount of Each Receipt this Period
15.00

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

Mailing Address 4520 LINWOOD LANE

City State Zip Code
DEEPHAVEN MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP CLIENT & MKT STRATEGIC DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49454

Amount of Each Receipt this Period
50.00

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

Mailing Address 129 NORWOOD AVENUE

City State Zip Code
MONTCLAIR NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49511

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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 Occupation
MEDCO HEALTH SOLUTIONS VP MKTING & PRODUCT DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49294

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
KEN BODMER

Mailing Address P.O. BOX 381947

City State Zip Code
GERMANTOWN TN 38183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP SVP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49380

Amount of Each Receipt this Period
192.00

C.

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 Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49457

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **267.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 288
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MRS HEATHER BONOME		Date of Receipt
	Mailing Address 305 10TH STREET NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WASHINGTON	DC	20002
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.49258
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLINICAL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR JOSEPH BOTTA		Date of Receipt
	Mailing Address 109 ARBOR PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BRYN MAWR	PA	19010
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.49166
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SALES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MR BARRY BOUDREAUX		Date of Receipt
	Mailing Address 3380 SADDLEBROOK STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAS VEGAS	NV	89141
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.49105
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM PRACTICE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 149 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
RUSS BOURNE

Mailing Address 242 N HIGHLAND

City State Zip Code
MEMPHIS TN 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCREDO HEALTH GROUP Occupation VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49562

Amount of Each Receipt this Period
50.00

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 ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49413

Amount of Each Receipt this Period
200.00

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

Mailing Address 177 N. MILL ROAD

City State Zip Code
HARRISBURG PA 17112

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation AVP COMMUNITY AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49532

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 288
	<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 HEIDI BOWMAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008	
	Mailing Address 15 DAWN LANE		Transaction ID: INC.A.49451	
	City	State	Zip Code	Amount of Each Receipt this Period
	RINGWOOD	NJ	07456	30.00
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation EXEC DIR STRAT PRODUCT MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00		

B.	Full Name (Last, First, Middle Initial) MS GWEN BRADY		Date of Receipt MM / DD / YYYY 06 / 21 / 2008	
	Mailing Address 219 E. COMO AVENUE		Transaction ID: INC.A.49187	
	City	State	Zip Code	Amount of Each Receipt this Period
	COLUMBUS	OH	43202	12.50
	FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR BUSINESS PLANNING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00		

C.	Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM		Date of Receipt MM / DD / YYYY 06 / 21 / 2008	
	Mailing Address 210 FROG HOLLOW ROAD		Transaction ID: INC.A.49401	
	City	State	Zip Code	Amount of Each Receipt this Period
	COATESVILLE	PA	19320	75.00
	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 ▼ 975.00		

SUBTOTAL of Receipts This Page (optional)	117.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 / 288
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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		Date of Receipt
	Mailing Address 27 SEALS DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 21 / 2008
	City	State	Zip Code
	MONROE	NY	10950
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR ANALYTICAL SVCS	Transaction ID: INC.A.49383
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 325.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MS LINDA BRIDGE		Date of Receipt
	Mailing Address 136 BEECH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 21 / 2008
	City	State	Zip Code
	BELLEVILLE	NJ	07109
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR CLIENT/MEMBER COMM	Transaction ID: INC.A.49237
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 325.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MR PAUL BRISSON		Date of Receipt
	Mailing Address 469 MANOR LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 21 / 2008
	City	State	Zip Code
	PELHAM MANOR	NY	10803
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PRODUCT DEVELOPMENT	Transaction ID: INC.A.49230
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 325.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 288
(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 BROOKLER

Mailing Address 9 ROMARY COURT

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49141

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 540 GIORDANO DRIVE

City State Zip Code
YORKTOWN HEIGHTS NY 10598

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49163

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
STEVEN BROWN

Mailing Address 140 S GROVE PARK

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP DIR PRODUCT LINE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49551

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 153 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49379

Amount of Each Receipt this Period
20.00

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

Mailing Address 5812 SEVEN POINTS TRACE

City State Zip Code
HERMITAGE TN 37076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP VP REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49542

Amount of Each Receipt this Period
50.00

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

Mailing Address 603 CHARLESWOOD DR

City State Zip Code
MARION AR 72364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49541

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 288
(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		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 25 TIMBERLAND		Transaction ID: INC.A.49278		
	City ALISO VIEJO	State CA	Zip Code 92656	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 GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MRS PEGEEN BUTTERFIELD		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 23 NUTTING PLACE		Transaction ID: INC.A.49204		
	City WEST CALDWELL	State NJ	Zip Code 07006	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 BUSINESS DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) MRS DOREEN CALDER		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 441 S ELM STREET		Transaction ID: INC.A.49102		
	City MAYWOOD	State NJ	Zip Code 07607	Amount of Each Receipt this Period 40.00	
	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 ▼ 520.00			

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 288
	<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 GABRIEL CAPPUCCI		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 119 WASHINGTON AVENUE		Transaction ID: INC.A.49358
	City CHATHAM	State NJ	Zip Code 07928
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR RAYMOND CARLUCCI		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 24 SHERI DRIVE		Transaction ID: INC.A.49373
	City ALLENDALE	State NJ	Zip Code 07401
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.50
	Name of Employer ACCREDITO HEALTH GROUP	Occupation GROUP VP MARKET STRATEGY & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 682.50	

C.	Full Name (Last, First, Middle Initial) JOSEPH CASACCIA JR		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 9788 LIPSEY CV		Transaction ID: INC.A.49337
	City GERMANTOWN	State TN	Zip Code 38139
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer ACCREDITO HEALTH GROUP	Occupation DIR SPECIALTY OPS CUST SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	127.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 288
(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 MARY CASALE

Mailing Address 822 CEDAR AVE

City HADDENFIELD State NJ Zip Code 08033

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP SALES STRATEGY & MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49283
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City WEST COLUMBIA State SC Zip Code 29172

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLINICAL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49129
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City VERADALE State WA Zip Code 99037

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49267
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) WILLIAM CONSIDINE		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 130 WEST 67TH STREET, #4J		Transaction ID: INC.A.49478		
	City NEW YORK	State NY	Zip Code 10023	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 TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MR ROBERT COOK		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 270 S FRANKLIN TURNPIKE		Transaction ID: INC.A.49156		
	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 ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) JEFFREY COOLE		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 1280 RIVER HOLLOW COVE		Transaction ID: INC.A.49540		
	City CORDOVA	State TN	Zip Code 38016	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation VP TAX AND REGULATORY REPORT			
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)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 158 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 19 WILLIAMS LANE

City State Zip Code
CHAPPAQUA NY 10514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49513

Amount of Each Receipt this Period
50.00

B. 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 Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY NETWORK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49257

Amount of Each Receipt this Period
50.00

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

Mailing Address 28 OAK LANE

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49348

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 159 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49241

Amount of Each Receipt this Period
60.00

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

Mailing Address 16 PLEASANT AVENUE

City State Zip Code
LINCOLN PARK NJ 07035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49471

Amount of Each Receipt this Period
25.00

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

Mailing Address 19 IDA COURT

City State Zip Code
STATEN ISLAND NY 10312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49288

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 288
(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 JOHN DALY

Mailing Address 46 BLUEBELL CT

City State Zip Code
PARAMUS NJ 07652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49391

Amount of Each Receipt this Period
25.00

B.

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49354

Amount of Each Receipt this Period
25.00

C.

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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49330

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 288
(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 ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City State Zip Code
EDINA MN 55439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEDICARE CLIENT & SALES SUP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49239

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP DIR FINANCE II

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49561

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 402 HIGHLAND AVE

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL PLANNING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49374

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City CEDARBURG State WI Zip Code 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR ACCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49304
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City GLEN RIDGE State NJ Zip Code 07028

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49276
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City WEST MILFORD State NJ Zip Code 07480

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49486
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 163 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City State Zip Code
CEDAR GROVE NJ 07009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49157

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
DENVERVILLE NJ 07834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49501

Amount of Each Receipt this Period
25.00

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

Mailing Address W2996 GIBRALTER ROAD

City State Zip Code
FISH CREEK WI 54212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR MEDICARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49519

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **242.30**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 288
(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 JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City State Zip Code
HARRINGTON PARK NJ 07640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49460

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49295

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49131

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 905 SW SCRUB OAK AVE		Transaction ID: INC.A.49203
City PALM CITY	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

B.

Full Name (Last, First, Middle Initial) ANDREW DOEDYNS		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 117 CREST DRIVE		Transaction ID: INC.A.49530
City BEAVER	State PA	Zip Code 15009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer ACCREDO HEALTH GROUP	Occupation DIR CLINICAL OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) MR ROBERT DOLAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 9 CRANE AVENUE		Transaction ID: INC.A.49355
City WEST CALDWELL	State NJ	Zip Code 07006
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 TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 288
(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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49147

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code
MORRIS TWP NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49470

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City State Zip Code
EAST HAMPTON CT 06424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49287

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.30**

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

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

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

FOR LINE NUMBER: PAGE 167 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 2 DECKER TERRACE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49170

Amount of Each Receipt this Period
25.00

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

Mailing Address 14026 KNOX STREET

City State Zip Code
OVERLAND PARK KS 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49199

Amount of Each Receipt this Period
50.00

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

Mailing Address 2 OLD MILL ROAD

City State Zip Code
SANDY HOOK CT 06482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49173

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 168 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DR SUMIT DUTTA
 Mailing Address **534 HUDSON STREET #3C**
 City **NEW YORK** State **NY** Zip Code **10014**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49285
 Amount of Each Receipt this Period **77.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP & GENERAL MGR**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1001.00**

B. Full Name (Last, First, Middle Initial)
REBECCA DYER
 Mailing Address **1400 POPLAR ESTATES PKY**
 City **GERMANTOWN** State **TN** Zip Code **38138**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49550
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDO HEALTH GROUP** Occupation **DIR PROJECT MGMT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS
 Mailing Address **109 KAREN PLACE**
 City **WYCKOFF** State **NJ** Zip Code **07481**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49162
 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: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

SUBTOTAL of Receipts This Page (optional) **152.00**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS MEDICARE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49489

Amount of Each Receipt this Period
50.00

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

Mailing Address 106 GRAHAM TERRACE

City State Zip Code
SADDLE BROOK NJ 07663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49345

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City State Zip Code
BRIARCLIFF MANOR NY 10510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49492

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 288
	<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) DR ROBERT EPSTEIN	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 75 TWEED BLVD	Transaction ID: INC.A.49094
	City State Zip Code UPPER GRANDVIEW NY 10960	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CMO SVP MEDICAL&ANLYTC AFFRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

B.	Full Name (Last, First, Middle Initial) MR YAKOV ESTERLIS	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 100 WINSTON DRIVE 17 C NORTH	Transaction ID: INC.A.49441
	City State Zip Code CLIFFSIDE PARK NJ 07010	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) RICHARD FARIS	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 2020 HEATHER COVE	Transaction ID: INC.A.49559
	City State Zip Code MEMPHIS TN 38119	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP HEALTH OUTCOME SOLUTIONS	
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)	267.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 171 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City State Zip Code
MEMPHIS TN 38119

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP VP CLIENT SLS AND MGD CARE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49537

Amount of Each Receipt this Period
50.00

B. 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 OCCUPATION
MEDCO HEALTH SOLUTIONS VP CARE ENHANCING SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49231

Amount of Each Receipt this Period
50.00

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

Mailing Address 58 APPLE HILL DR

City 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2306.76

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49279

Amount of Each Receipt this Period
192.23

SUBTOTAL of Receipts This Page (optional) ► 292.23

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

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

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

FOR LINE NUMBER: PAGE 172 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STUART FELDMAN
 Mailing Address **109 MEADOWBROOK ROAD**
 City **RANDOLPH** State **NJ** Zip Code **07869**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49092
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR E-COMM STRAT & DELIV**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
MS DAWN FELDNER
 Mailing Address **275 BIRCH STREET**
 City **EMERSON** State **NJ** Zip Code **07630**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49414
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MR THOMAS FERRAZZANO
 Mailing Address **464 SPRING AVE.**
 City **RIDGEWOOD** State **NJ** Zip Code **07450**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49375
 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 TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

SUBTOTAL of Receipts This Page (optional) ► **75.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 173 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 10 TRACY CIRCLE

City State Zip Code
CAMPBELL HALL NY 10916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49171

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 Occupation
MEDCO HEALTH SOLUTIONS VP CLINICAL PROD INTEGRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49224

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR HLTH CARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49320

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 288
(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)
CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR FINANCE II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49564

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR #222

City State Zip Code
MEMPHIS TN 38103

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49392

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49336

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

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

FOR LINE NUMBER: PAGE 175 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

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

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code
CRANSTON RI 02905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR GOV AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49193

Amount of Each Receipt this Period
30.00

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

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49547

Amount of Each Receipt this Period
25.00

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 VP & COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49091

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 288
(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
							17

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NAME 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		Date of Receipt MM / DD / YYYY 06 / 21 / 2008	
Mailing Address 720 N. LARRABEE APT 1701		Transaction ID: INC.A.49450	
City CHICAGO	State IL	Zip Code 60654	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03		

B.

Full Name (Last, First, Middle Initial) MS PATRICIA GALLAGHER		Date of Receipt MM / DD / YYYY 06 / 21 / 2008	
Mailing Address 842 ASHLER CT		Transaction ID: INC.A.49415	
City COLUMBUS	State OH	Zip Code 43235	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 ▼ 325.00		

C.

Full Name (Last, First, Middle Initial) MR BARNEY GALLASSIO		Date of Receipt MM / DD / YYYY 06 / 21 / 2008	
Mailing Address 69 LAKEVIEW DR		Transaction ID: INC.A.49311	
City OLD TAPPAN	State NJ	Zip Code 07675	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 CLIENT RELATIONS		
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)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 288
(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) MICHAEL GALVIN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 25 BALLYMEADE ROAD		Transaction ID: INC.A.49474
City HOPEWELL JUNCTION	State NY	Zip Code 12533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/CHIEF INFRASTRUCTURE OFFR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

B.

Full Name (Last, First, Middle Initial) MR OMHARISRIRAM GANGAIKONDAN-IYER		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 9 CAIRNES ROAD		Transaction ID: INC.A.49481
City MORRIS PLAINS	State NJ	Zip Code 07950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) MR PETER GAYLORD		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 1201 BRIDGE STREET		Transaction ID: INC.A.49090
City ASBURY PARK	State NJ	Zip Code 07712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP TREASURY & FINANCIAL EVALS	
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)	267.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 288
	<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	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 20 BROOKSHIRE DR	Transaction ID: INC.A.49201
	City State Zip Code ROBBINSVILLE NJ 08691	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MATTHEW GIBBS	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 27 N. WACKER DR. SUITE 246	Transaction ID: INC.A.49521
	City State Zip Code CHICAGO IL 60606	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF CLINICAL OFFICER	
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 GIBBS	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 544 DENMOOR COURT	Transaction ID: INC.A.49145
	City State Zip Code GALLOWAY OH 43119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 288		
	<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

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NAME OF 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	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 2 PELL FARM ROAD	Transaction ID: INC.A.49445
	City State Zip Code SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

B.	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 305 BERGAMOT DRIVE	Transaction ID: INC.A.49095
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES UHG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

C.	Full Name (Last, First, Middle Initial) MR JONAH GITLITZ	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 43 OVERLOOK RIDGE	Transaction ID: INC.A.49154
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	434.61
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49158

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 Occupation
MEDCO HEALTH SOLUTIONS VP FINANCIAL INSIGHTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49216

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR E-COM BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49234

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 288 (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)

<p>A. Full Name (Last, First, Middle Initial) MS GINA GRUHN</p> <p>Mailing Address 13 WEATHER VANE DRIVE</p> <p>City State Zip Code CONVENT STATION NJ 07960</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2008</p> <p>Transaction ID: INC.A.49272</p> <p>Amount of Each Receipt this Period 25.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) MR RICHARD GUIOR</p> <p>Mailing Address 50 BELLEVUE AVE</p> <p>City State Zip Code SUMMIT NJ 07901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP COO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1170.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2008</p> <p>Transaction ID: INC.A.49111</p> <p>Amount of Each Receipt this Period 90.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) MS KAVITHA GULLAPALLI</p> <p>Mailing Address 67 ATHERTON CT</p> <p>City State Zip Code WAYNE NJ 07470</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2008</p> <p>Transaction ID: INC.A.49215</p> <p>Amount of Each Receipt this Period 25.00</p>
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SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 288
(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		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 19 KINGS RIDGE ROAD		Transaction ID: INC.A.49346		
	City LONG VALLEY	State NJ	Zip Code 07853	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation CHIEF INFO OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.03			

B.	Full Name (Last, First, Middle Initial) MR GREGORY HANSEN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 1659 ISABELLA PARKWAY		Transaction ID: INC.A.49449		
	City CHASKA	State MN	Zip Code 55318	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 ACCT SVCS & ADMIN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) MS KELLY HANZAWA		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 1116 OAKCROFT LANE		Transaction ID: INC.A.49416		
	City SOMERSET	State NJ	Zip Code 08873	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 OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	267.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address **8 PROSPECT PLACE**

City **POMPTON PLAINS** State **NJ** Zip Code **07444**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR FINANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 21 / 2008**

Transaction ID: INC.A.49140

Amount of Each Receipt this Period **25.00**

B.

Full Name (Last, First, Middle Initial)
SHARON HARRIS

Mailing Address **186 N. WHITE STATION RD**

City **MEMPHIS** State **TN** Zip Code **38117**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACCREDO HEALTH GROUP** Occupation **DIR HR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 21 / 2008**

Transaction ID: INC.A.49539

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 **COLORADO SPRINGS** State **CO** Zip Code **80908**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP GOVERNMENT AFFAIRS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.03**

Date of Receipt **06 / 21 / 2008**

Transaction ID: INC.A.49093

Amount of Each Receipt this Period **192.31**

SUBTOTAL of Receipts This Page (optional) ► **242.31**

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

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

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

FOR LINE NUMBER: PAGE 184 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
DAN HAYES
 Mailing Address **4679 AYRON TERRACE**
 City **PALM HARBOR** State **FL** Zip Code **34685**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49533
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDO HEALTH GROUP** Occupation **VP OPS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**

B. Full Name (Last, First, Middle Initial)
MR BILL HEAD
 Mailing Address **501 SLATERS LANE #816**
 City **ALEXANDRIA** State **VA** Zip Code **22314**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49502
 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 GOV AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **325.00**

C. Full Name (Last, First, Middle Initial)
MR MARK HEGGESTAD
 Mailing Address **13210 N. 11TH AVE.**
 City **PHOENIX** State **AZ** Zip Code **85029**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49167
 Amount of Each Receipt this Period **25.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP SALES**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **325.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 185 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 HEKKER

Mailing Address 28 WEST THRID STREET #1332

City SOUTH ORANGE State NJ Zip Code 07079

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49479
 Amount of Each Receipt this Period: 20.00

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

Mailing Address 23 VALLEY RD

City SUCCASUNNA State NJ Zip Code 07876

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49150
 Amount of Each Receipt this Period: 50.00

C. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49226
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 186 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code
BUTLER NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49243

Amount of Each Receipt this Period
25.00

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

Mailing Address 6635 LAMBERT DR

City State Zip Code
MASON TN 38049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP BUSINESS UNIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49544

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49318

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 187 / 288
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 GLENN HOFFMAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 974 HILLCREST ROAD		Transaction ID: INC.A.49394
	City RIDGEWOOD	State NJ	Zip Code 07450
	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 FACILITIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR TIMOTHY HOGAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 9 HIRLE ST		Transaction ID: INC.A.49238
	City CORNWALL ON HUDSON	State NY	Zip Code 12520
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR ROGER HOLLAND		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 41 SAINT RAPHAEL		Transaction ID: INC.A.49307
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	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 SALES	
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)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 188 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code
CORDOVA TN 38018

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCUPATION
ACCREDITO HEALTH GROUP ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49557

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49343

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49528

Amount of Each Receipt this Period: 50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 **WEST NEW YORK** State **NJ** Zip Code **07093**

Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49506

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 BUSINESS PLANNING**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

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

Mailing Address **6708 N.W. 112TH**

City **OKLAHOMA CITY** State **OK** Zip Code **73162**

Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49545

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period **25.00**

Name of Employer **ACCREDO HEALTH GROUP** Occupation **GENERAL MGR - MULTI BRANCH**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

C. Full Name (Last, First, Middle Initial)
MR JEFFREY HULL

Mailing Address **2616 S 3B'S & K RD**

City **GALENA** State **OH** Zip Code **43021**

Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49323

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period **30.00**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR HLTH CARE OPS**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 288
	<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 JANE HULSE	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 95 GORDON RD	Transaction ID: INC.A.49378
	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 Occupation MEDCO HEALTH SOLUTIONS VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR DAVID ISRAEL	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 730 COLUMBUS AVENUE	Transaction ID: INC.A.49097
	City State Zip Code NEW YORK NY 10025	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP BUSINESS DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) MS SUSAN ITO	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 6366 SW 90TH STREET	Transaction ID: INC.A.49107
	City State Zip Code GAINESVILLE FL 32608	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS	
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)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 191 / 288
(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 MARIANNE JACKS		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 329 MORRIS AVENUE		Transaction ID: INC.A.49133		
	City MOUNTAIN LAKES	State NJ	Zip Code 07046	Amount of Each Receipt this Period 50.00	
	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 ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) MR WILLIAM JACKSON		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 56 WARREN RD		Transaction ID: INC.A.49426		
	City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation EXEC DIR MEDICARE OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) MR JASON JAMES		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address RR 2 BOX 2036		Transaction ID: INC.A.49101		
	City CANADENSIS	State PA	Zip Code 18325	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 PHYSICIAN ENGAGEMENT			
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) ▶

130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 JEFFREY		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 15 ELIZABETH STREET		Transaction ID: INC.A.49438		
	City DUMONT	State NJ	Zip Code 07628	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARM CONTRACT & CONSULTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) ROBERT JINKS		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 22 PAGE AVE		Transaction ID: INC.A.49142		
	City LYNDHURST	State NJ	Zip Code 07071	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS REQUIREMENTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) MR WILLIAM JOEL		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 32 VENTOSA DR		Transaction ID: INC.A.49273		
	City MORRISTOWN	State NJ	Zip Code 07960	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR ANALYTICAL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 193 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT & MKT PROG STRAT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49268

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49372

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49254

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 194 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49456

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49177

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GENERAL MGR GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49312

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 195 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

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

Mailing Address 251 POPLAR AVE

City State Zip Code
HACKENSACK NJ 07601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49132

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 6040 BOULEVARD E APT 28G

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49417

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 7 POINT VIEW

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP MEMBER STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49300

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 196 / 288
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City State Zip Code
EDISON NJ 08820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49476

Amount of Each Receipt this Period
25.00

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49428

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 Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49462

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) RICHARD KLUSOVSKY	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 1016 FAIRWOOD LANE	Transaction ID: INC.A.49552
	City ACWORTH State GA Zip Code 30101	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation AVP MANAGED CARE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 325.00	

B.	Full Name (Last, First, Middle Initial) MR BRADFORD KOGEN	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 555 FORBUSH STREET	Transaction ID: INC.A.49420
	City BOONTON State NJ Zip Code 07005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR CLIENT RETAIL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 325.00	

C.	Full Name (Last, First, Middle Initial) MS KATHLEEN KORDUCKI	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 920 CLARK STREET	Transaction ID: INC.A.49155
	City BOWLING GREEN State OH Zip Code 43402	Amount of Each Receipt this Period 50.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 650.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 198 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 MAHWAH State NJ Zip Code 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR PRODUCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49185

Amount of Each Receipt this Period 25.00

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

Mailing Address 60 BEECH ROAD

City RANDOLPH State NJ Zip Code 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49116

Amount of Each Receipt this Period 25.00

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

Mailing Address 495 ISLAND WAY

City FRANKLIN LAKES State NJ Zip Code 07417

FEC ID number of contributing federal political committee. **C**

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49351

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 288

(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 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 Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP PHARMACIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49404

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 Occupation
MEDCO HEALTH SOLUTIONS DIR CLIENT REQUIREMENTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49341

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City State Zip Code
BRONX NY 10463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49516

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 288
(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
							17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City State Zip Code
LITTLETON CO 80127

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCREDO HEALTH GROUP Occupation VP REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49553

Amount of Each Receipt this Period
50.00

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 ▼ 1625.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49302

Amount of Each Receipt this Period
125.00

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 VP PERFORMANCE 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 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49493

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 PATRICIA LETCHWORTH
 Mailing Address 3133 HEATHSTONE COVE
 City State Zip Code
GERMANTOWN TN 38138
 Date of Receipt
 M M / D D / Y Y Y Y Y
06 21 2008
Transaction ID: INC.A.49554
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
ACCREDO HEALTH GROUP DIR REIMBURSEMENT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **325.00**

B. Full Name (Last, First, Middle Initial)
 MR ROBERT LONG
 Mailing Address 18 HARLIND TERRACE
 City State Zip Code
RAMSEY NJ 07446
 Date of Receipt
 M M / D D / Y Y Y Y Y
06 21 2008
Transaction ID: INC.A.49293
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **650.00**

C. Full Name (Last, First, Middle Initial)
 MR ROSS LUCE
 Mailing Address 1066 WEST GROVE CT
 City State Zip Code
GIBSONIA PA 15044
 Date of Receipt
 M M / D D / Y Y Y Y Y
06 21 2008
Transaction ID: INC.A.49198
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **555.00**

SUBTOTAL of Receipts This Page (optional) ► **105.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 288		
	<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

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NAME 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	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 238 WOODLAND AVE	Transaction ID: INC.A.49242
	City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MS VERONA MACMAHON	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 1504 WEST CULLOM AVE UNIT G	Transaction ID: INC.A.49439
	City State Zip Code CHICAGO IL 60613	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH MALLEY	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 764 W. SADDLE RIVER ROAD	Transaction ID: INC.A.49228
	City State Zip Code HO HO KUS NJ 07423	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT & CHANNEL MKTING	
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)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 203 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49109

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City State Zip Code
WOODCLIFF LAKE DR NJ 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49360

Amount of Each Receipt this Period
25.00

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

Mailing Address 351 SOUND BEACH AVENUE

City State Zip Code
OLD GREENWICH CT 06870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR MEDICARE OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49182

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 204 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City WEST ORANGE State NJ Zip Code 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49520

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City MENOMONEE FALLS State WI Zip Code 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49250

Amount of Each Receipt this Period 50.00

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

Mailing Address 9536 DOE MEADOW DR

City GERMANTOWN State TN Zip Code 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49558

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 205 / 288
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) THOMAS MARTIN	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 1882 E LAUREL HOLLOW	Transaction ID: INC.A.49555
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation VP CORP STRAT BUS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

B.	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 11825 SHEPPARDS CROSSING	Transaction ID: INC.A.49210
	City State Zip Code CLARKSVILLE MD 21029	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 & GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90

C.	Full Name (Last, First, Middle Initial) MR EDWARD MARTINEZ	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 35 SALTER PLACE	Transaction ID: INC.A.49480
	City State Zip Code MAPLEWOOD NJ 07040	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 PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

SUBTOTAL of Receipts This Page (optional)	267.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 206 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49165

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 Occupation
MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49395

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49299

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **242.30**

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

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

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

FOR LINE NUMBER: PAGE 207 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCREDO HEALTH GROUP Occupation VP SALES AND MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49232

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City State Zip Code
OWASSO OK 74055

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49510

Amount of Each Receipt this Period
25.00

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

Mailing Address 9600 DOVE SPRING CV

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49560

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 208 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
 MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49344

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 Occupation
 MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49301

Amount of Each Receipt this Period
192.00

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 Occupation
 MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.03**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49435

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **409.31**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 209 / 288
(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 BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City State Zip Code
ORADELL NJ 07649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS PLANNING & ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49148

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City State Zip Code
DERRY PA 15627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP AVP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49531

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP LABOR RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49114

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 288		
	<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

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NAME 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 MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 34 MACKENZIE LANE NORTH	Transaction ID: INC.A.49108
	City State Zip Code DENVERLE NJ 07834	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR INTERNAL AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) MR GIOVANNI MINARDI	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 12 LINCOLN ROAD	Transaction ID: INC.A.49447
	City State Zip Code KINNELON NJ 07405	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR BHUPESH MISTRY	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 106 HAMBURG ROAD	Transaction ID: INC.A.49121
	City State Zip Code PARSIPPANY NJ 07054	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 211 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 JULIANA MOLEK
 Mailing Address 17584 WEXFORD DR
 City State Zip Code
EDEN PRAIRIE MN 55347
 Date of Receipt
 M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49217
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR SPECIAL MARKETS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

B. Full Name (Last, First, Middle Initial)
 MR PETER MONKHOUSE
 Mailing Address 1320 BRONCO CIR
 City State Zip Code
WARRINGTON PA 18976
 Date of Receipt
 M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49225
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

C. Full Name (Last, First, Middle Initial)
 MR THOMAS MORIARTY
 Mailing Address 86 WELLINGTON AVENUE
 City State Zip Code
SHORT HILLS NJ 07078
 Date of Receipt
 M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49098
 Amount of Each Receipt this Period
 192.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP PHARMACEUTICAL CONTRACTING
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2496.00

SUBTOTAL of Receipts This Page (optional) ► **242.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 288
	<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 THERESA MORMILE	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 59 VALLEY VIEW TER	Transaction ID: INC.A.49396
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD MOUNTJOY	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 2 STONEBRIDGE RD	Transaction ID: INC.A.49429
	City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 20.00
	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 ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) MR ROBERT MULLER	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 69 FERN PLACE	Transaction ID: INC.A.49406
	City State Zip Code PARAMUS NJ 07652	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HLTH BUS CLIENT ENROLLMNT	
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)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 213 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BECKY NAGLE
 Mailing Address **64 WALTER AVE**
 City **HASBROUCK HEIGHTS** State **NJ** Zip Code **07604**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49153
 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 CLINICAL SVCS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
MS BARBARA NEAVERTH
 Mailing Address **PO BOX 523**
 City **SUGAR LOAF** State **NY** Zip Code **10981**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49137
 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 BUSINESS REQUIREMENTS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MS ARLENE NELSON
 Mailing Address **17 GARFIELD PLACE**
 City **RIDGEWOOD** State **NJ** Zip Code **07450**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49183
 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: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

SUBTOTAL of Receipts This Page (optional) **100.00**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 214 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 JANINE NOWATZKY
 Mailing Address **24 CHEROKEE TRAIL**
 City **OAKLAND** State **NJ** Zip Code **07436**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49292
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

B. Full Name (Last, First, Middle Initial)
MR ROBERT O'CONNELL
 Mailing Address **12001 PEONY CT**
 City **TAMPA** State **FL** Zip Code **33635**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49179
 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 SECURITY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MR CHARLES OESTREICHER
 Mailing Address **6 PARK DR SOUTH**
 City **RYE** State **NY** Zip Code **10580**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49418
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **GROUP COO**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 215 / 288
(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)
MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City State Zip Code
ROCKAWAY TOWNSHIP NJ 07866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49122

Amount of Each Receipt this Period
25.00

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 Occupation
MEDCO HEALTH SOLUTIONS VP PROCUREMENT & INVENTORY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49369

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City State Zip Code
NORTH HALEDON NJ 07508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49381

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 216 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49411

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 Occupation
MEDCO HEALTH SOLUTIONS TECHNICAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49497

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 Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49275

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 217 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49357

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 Occupation
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49356

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49352

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 218 / 288
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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 Occupation
MEDCO HEALTH SOLUTIONS VP RETIREE SOLUTIONS MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49270

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City State Zip Code
MONMOUTH JUNCTION NJ 08852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR BUSINESS REQUIREMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49264

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City State Zip Code
HAWTHORNE NJ 07506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR E-COM STRAT & DELIV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49485

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

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

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

FOR LINE NUMBER: PAGE 219 / 288
(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 CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City State Zip Code
LANTANA TX 76226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49315

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 211 WILTSIE COURT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INFO TECHNOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49235

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP REGULATORY COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49535

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 288
(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 PETEROY

Mailing Address 4769 STAVANGER LANE

City LAS VEGAS State NV Zip Code 89147

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PRODUCT DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49339
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR NATHAN PETERSON

Mailing Address 3412 AUTUMN WOODS DRIVE

City CHASKA State MN Zip Code 55318

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49246
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 8522 UPLAND LN NORTH

City MAPLE GROVE State MN Zip Code 55311

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49205
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 221 / 288
(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) MARTINE PFLIEGER		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 44 HENRY TERRACE		Transaction ID: INC.A.49514
City LINCOLN PARK	State NJ	Zip Code 07035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) MR THOMAS PIERCE		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 1050 S. CLARKSON ST		Transaction ID: INC.A.49512
City DENVER	State CO	Zip Code 80209
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 LABOR RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) DR PAGE PIGG		Date of Receipt MM / DD / YYYY 06 / 21 / 2008
Mailing Address 9297 ANGLER TRL		Transaction ID: INC.A.49244
City MECHANICSVILLE	State VA	Zip Code 23116
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 CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49110

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City State Zip Code
MONSEY NY 10952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR TECHNOLOGY

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49208

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City State Zip Code
DUNNELLON FL 34432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR OPS

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49419

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 / 288		
	<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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MR NEIL PREZIOSO	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 10258 WINDSOR WAY	Transaction ID: INC.A.49324
	City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP HLTH CARE OPS/FORMULARY/CDP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 875 ALEXANDRIA CT	Transaction ID: INC.A.49284
	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 Occupation MEDCO HEALTH SOLUTIONS SVP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

C.	Full Name (Last, First, Middle Initial) MR ROBERT PRITCHET	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 135 HOLLYBERRY DRIVE	Transaction ID: INC.A.49389
	City State Zip Code HOPEWELL JUNCTION NY 12533	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR CONTRACT ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	267.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 224 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49452

Amount of Each Receipt this Period
192.31

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

Mailing Address 6040 KENNEDY BLVD EAST
APT 30N

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PRIVACY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49446

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City State Zip Code
KELLER TX 76248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49469

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 242.31

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 225 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS FRANCES RAO

Mailing Address **19 ROSS ROAD**

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

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR REGULATORY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49134

Amount of Each Receipt this Period **25.00**

B.

Full Name (Last, First, Middle Initial)
MRS DOLORES RAPUANO

Mailing Address **57660 BEAVER VALLEY RD**

City **QUAKER CITY** State **OH** Zip Code **43773**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR DIR ELIGIBILITY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49424

Amount of Each Receipt this Period **25.00**

C.

Full Name (Last, First, Middle Initial)
MS JOANN REED

Mailing Address **4 ANTLER CT**

City **MATAWAN** State **NJ** Zip Code **07747**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SPECIAL ADVISOR TO CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **849.94**

Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49377

Amount of Each Receipt this Period **65.38**

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 MONICA REED
 Mailing Address **8475 DUNHAM STATION DRIVE**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt MM / DD / YYYY
06 / 21 / 2008
Transaction ID: INC.A.49281
 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 PHARM PRACTICE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS REINCKENS
 Mailing Address **43 HAROLD ST. UNIT B**
 City **COS COB** State **CT** Zip Code **06807**
 Date of Receipt MM / DD / YYYY
06 / 21 / 2008
Transaction ID: INC.A.49223
 Amount of Each Receipt this Period
50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR RECONCILIATION**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

C. Full Name (Last, First, Middle Initial)
MR VICTOR RENNA
 Mailing Address **8 CARLA ANN CT**
 City **FLANDERS** State **NJ** Zip Code **07836**
 Date of Receipt MM / DD / YYYY
06 / 21 / 2008
Transaction ID: INC.A.49421
 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 PROCUREMENT & INVENTORY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

SUBTOTAL of Receipts This Page (optional) 125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 227 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49466

Amount of Each Receipt this Period
70.00

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

Mailing Address 21357 W 115TH TER

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCREDO HEALTH GROUP SR MGR BUS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49536

Amount of Each Receipt this Period
25.00

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 Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49164

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 288
(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 SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City ANDOVER State NJ Zip Code 07821

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49465
 Amount of Each Receipt this Period: 25.00

B.

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

Mailing Address 96 LEHMANN STREET

City MAHWAH State NJ Zip Code 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRESIDENT SYSTEMED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49221
 Amount of Each Receipt this Period: 192.30

C.

Full Name (Last, First, Middle Initial)
DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City WAVERLY State VA Zip Code 23890

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR STATE GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49518
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 242.30

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City KINNELON State NJ Zip Code 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS-CLINICAL TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2008
Transaction ID: INC.A.49390
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City JACKSONVILLE State FL Zip Code 32226

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2008
Transaction ID: INC.A.49188
Amount of Each Receipt this Period 50.00

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

Mailing Address 3 APACHE DRIVE

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCE & CHIEF FIN OFFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2509.00

Date of Receipt 06 / 21 / 2008
Transaction ID: INC.A.49386
Amount of Each Receipt this Period 193.00

SUBTOTAL of Receipts This Page (optional) ► 293.00

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

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

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

FOR LINE NUMBER: PAGE 230 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City OAKLAND State NJ Zip Code 07436

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation VP CLINICAL MGMT & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49236

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City RINGWOOD State NJ Zip Code 07456

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PROF PRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49333

Amount of Each Receipt this Period 20.00

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

Mailing Address 456 RICHMOND AVENUE

City MAPLEWOOD State NJ Zip Code 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1018.42

Date of Receipt 06 / 21 / 2008

Transaction ID: INC.A.49376

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS DIR BUSINESS REQUIREMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49405

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ENTERPRISE BUS INTELLIG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49265

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City State Zip Code
RIDGEWOOD NJ 07450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49168

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS BETH SAVARE

Mailing Address 27 JONES LN

City State Zip Code
BLAIRSTOWN NJ 07825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS 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 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49382

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 Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49385

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City State Zip Code
SKOKIE IL 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49160

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49423

Amount of Each Receipt this Period
50.00

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 Occupation
MEDCO HEALTH SOLUTIONS REG DIR ACCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49313

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code
SALT LAKE CITY UT 84109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR CLINICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49106

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 234 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
 MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49136

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 Occupation
 MEDCO HEALTH SOLUTIONS VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49443

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 Occupation
 MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 21 / 2008

Transaction ID: INC.A.49298

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 235 / 288
(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 JOHN SHEA		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 62 FRANKLIN TURNPIKE		Transaction ID: INC.A.49120		
	City ALLENDALE	State NJ	Zip Code 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 ▼ 520.00			

B.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 119 HAMILTON RD		Transaction ID: INC.A.49176		
	City RIDGEWOOD	State NJ	Zip Code 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 SVP & GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

C.	Full Name (Last, First, Middle Initial) MR PETER SHERMAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 139 GATES AVENUE		Transaction ID: INC.A.49099		
	City MONTCLAIR	State NJ	Zip Code 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 ▼ 650.00			

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 / 288
	<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 JAMES SHIVAS	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 18 PROSPECT AVE	Transaction ID: INC.A.49260
	City State Zip Code NORTH ARLINGTON NJ 07031	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PRICING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR ELWOOD SIDES III	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 150 CLAREMONT AVE	Transaction ID: INC.A.49191
	City State Zip Code LONG BEACH CA 90803	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) JEFFREY SIMEK	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 704 SAW PALMETTO COURT	Transaction ID: INC.A.49277
	City State Zip Code PORT ORANGE FL 32128	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

SUBTOTAL of Receipts This Page (optional)	242.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 237 / 288
(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 LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENERAL MGR GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49430
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City KINNELON State NJ Zip Code 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49308
Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City RIVER VALE State NJ Zip Code 07675

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49135
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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

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

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

FOR LINE NUMBER: PAGE 238 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City State Zip Code
MECHANICSBURG PA 17050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PHARMACY REGULATORY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49368

Amount of Each Receipt this Period
25.00

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49259

Amount of Each Receipt this Period
25.00

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

Mailing Address 437 GLENDALE RD

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49263

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 239 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49403

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 Occupation
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49458

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 Occupation
MEDCO HEALTH SOLUTIONS VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49484

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 292.31

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 240 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
BARRY SOUTHERN
 Mailing Address **3705 MIDDLEBURY WAY**
 City **GREENSBORO** State **NC** Zip Code **27410**
 Date of Receipt: **06 / 21 / 2008**
Transaction ID: INC.A.49534
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **ACCREDO HEALTH GROUP** Occupation: **GENERAL MGR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **325.00**

B. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE
 Mailing Address **6108 HUNTER LANE**
 City **COLLEYVILLE** State **TX** Zip Code **76034**
 Date of Receipt: **06 / 21 / 2008**
Transaction ID: INC.A.49326
 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/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **650.00**

C. Full Name (Last, First, Middle Initial)
MR RALPH STAIANO
 Mailing Address **1 LAMBROS DRIVE**
 City **MONROE** State **NY** Zip Code **10950**
 Date of Receipt: **06 / 21 / 2008**
Transaction ID: INC.A.49113
 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 BUSINESS REQUIREMENTS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **325.00**

SUBTOTAL of Receipts This Page (optional) ► **75.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 241 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
PETER STARK

Mailing Address 4840 COLE ROAD

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCREDO HEALTH GROUP Occupation GROUP VP MANUF SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49556
Amount of Each Receipt this Period: 50.00

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 SOLUTIONS Occupation GROUP VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49388
Amount of Each Receipt this Period: 50.00

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

Mailing Address 77 HIGHVIEW AVE

City State Zip Code
TUCKAHOE NY 10707

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49517
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 242 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 **AUSTIN** State **TX** Zip Code **78732**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR NATL ACCT EXEC**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 21 / 2008**

Transaction ID: INC.A.49433

Amount of Each Receipt this Period **50.00**

B.

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

Mailing Address **122 DEMAREST AVENUE**

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

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **NATL ACCT EXEC**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 21 / 2008**

Transaction ID: INC.A.49211

Amount of Each Receipt this Period **25.00**

C.

Full Name (Last, First, Middle Initial)
MS AMY STEINKELLNER

Mailing Address **1740 HIGHLAND DRIVE**

City **ELM GROVE** State **WI** Zip Code **53122**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP CLINICAL SVCS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 21 / 2008**

Transaction ID: INC.A.49252

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) DR GLEN STETTIN	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 8 MILL GLEN CT	Transaction ID: INC.A.49448
	City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

B.	Full Name (Last, First, Middle Initial) MS JANNA STOUL	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 4 APACHE WAY	Transaction ID: INC.A.49126
	City State Zip Code MONTVILLE NJ 07045	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR SCOTT STRATTON	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 351 TIMBERLANE DRIVE	Transaction ID: INC.A.49491
	City State Zip Code ORANGE CT 06477	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PRODUCT DEVELOPMENT	
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)	▶	267.31
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 244 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME 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 Occupation
MEDCO HEALTH SOLUTIONS DIR CLINICAL THERAPEUTICS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49159

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49431

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 Occupation
MEDCO HEALTH SOLUTIONS SVP FINANCIAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49387

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **242.30**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 245 / 288
(check only one)

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City MIDLOTHIAN State VA Zip Code 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49117

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL APPT 209

City WEST NEW YORK State NJ Zip Code 07093

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49180

Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City TAMPA State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49219

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 NICHOLAS TAYLOR	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 4241 CHADBOURNE DRIVE	Transaction ID: INC.A.49453
	City State Zip Code UPPER ARLINGTON OH 43220	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR CLINICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) MR BOOBALAN THANGAVELU	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 13 BIRCH TERRACE	Transaction ID: INC.A.49473
	City State Zip Code MT ARLINGTON NJ 07856	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MS MELINDA THIEL	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 27 GARVEY ROAD	Transaction ID: INC.A.49190
	City State Zip Code WAYNE NJ 07470	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 247 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE
#1E

City State Zip Code
EVANSTON IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49123

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49233

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code
LAS VEGAS NV 89123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49291

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 248 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
 MR WILLIAM TOBIN
 Mailing Address 838 COLONIAL RD
 City State Zip Code
 FRANKLIN LAKES NJ 07417
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49127
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP BENEFIT SYSTEMS SUPPORT
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

B. Full Name (Last, First, Middle Initial)
 MS CLAUDIA TUCKER
 Mailing Address 713 INDIAN CREEK RD
 City State Zip Code
 AMHERST VA 24521
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49305
 Amount of Each Receipt this Period
 75.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 975.00

C. Full Name (Last, First, Middle Initial)
 MR GARY TULLY
 Mailing Address 16 FIELDHEDGE DRIVE
 City State Zip Code
 HILLSBOROUGH NJ 08844
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49437
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS DIR CLIENT SVC DELIVERY
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 288
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City State Zip Code
DRAPER UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS REGIONAL VP SALES-SYSTEMED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49255

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 State Zip Code
KINNELON NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS EXEC DIR ANALYTICAL SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49229

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49529

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 250 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MRS JEANNINE VANKLEECK
 Mailing Address **56 ZIMMER AVENUE**
 City **MIDLAND PARK** State **NJ** Zip Code **07432**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49143
 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 FINANCIAL APPLICATIONS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **225.00**

B. Full Name (Last, First, Middle Initial)
MR NICHOLAS VASILOPOULOS
 Mailing Address **105 ARRANDALE RD**
 City **ROCKVILLE CENTRE** State **NY** Zip Code **11570**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49296
 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 MKTING**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

C. Full Name (Last, First, Middle Initial)
CHANTAL VEEVAETE
 Mailing Address **7292 OAKVILLE DRIVE**
 City **GERMANTOWN** State **TN** Zip Code **38138**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49546
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **ACCREDO HEALTH GROUP** Occupation **GROUP VP HR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

SUBTOTAL of Receipts This Page (optional) ► **125.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 251 / 288
(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 WIL VELARDE		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 443 WEST SADDLE RIVER RD		Transaction ID: INC.A.49178		
	City UPPER SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 40.00	
	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 ▼ 520.00			

B.	Full Name (Last, First, Middle Initial) MR JEFFREY VERNICE		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 201 WATCHUNG AVENUE UNIT #17		Transaction ID: INC.A.49174		
	City BLOOMFIELD	State NJ	Zip Code 07003	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 MEDICAL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) MR GORDON VICKERS		Date of Receipt MM / DD / YYYY 06 / 21 / 2008		
	Mailing Address 436 MOUNTAIN AVENUE		Transaction ID: INC.A.49096		
	City WESTFIELD	State NJ	Zip Code 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 ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 252 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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 11 BOULDER TRAIL

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49475
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City LONG VALLEY State NJ Zip Code 07853

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49350
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 450 BEECHMONT DR

City NEW ROCHELLE State NY Zip Code 10804

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP REGULATORY & MC PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt: 06 / 21 / 2008
Transaction ID: INC.A.49359
 Amount of Each Receipt this Period: 192.31

SUBTOTAL of Receipts This Page (optional) ► 242.31

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

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

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

FOR LINE NUMBER: PAGE 253 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR PRODUCT MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49112

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
DALLAS TX 75206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49477

Amount of Each Receipt this Period
192.31

C. Full Name (Last, First, Middle Initial)
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49310

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 267.31

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

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

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

FOR LINE NUMBER: PAGE 254 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS CATHERINE WASSON
 Mailing Address **3912 CALLE ANDALUCIA**
 City **SAN CLEMENTE** State **CA** Zip Code **92673**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49130
 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 NATL ACCTS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

B. Full Name (Last, First, Middle Initial)
MS BEVERLY WATSON
 Mailing Address **2 MICHELANGELO COURT**
 City **SOMERSET** State **NJ** Zip Code **08873**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49353
 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 BENEFIT DELIVERY SYSTEMS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **325.00**

C. Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER
 Mailing Address **107 UPPER SADDLE RIVER ROAD**
 City **MONTVALE** State **NJ** Zip Code **07645**
 Date of Receipt **06 / 21 / 2008**
Transaction ID: INC.A.49289
 Amount of Each Receipt this Period **100.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP CORP HR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1300.00**

SUBTOTAL of Receipts This Page (optional) **175.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 / 288
(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)
MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer OCCREDO HEALTH GROUP Occupation AVP QA AND PRODUCT INTEGRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49262

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
LOWELL WEINER

Mailing Address 1 BURGESS COURT

City State Zip Code
WESTFIELD NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49515

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 ▼ 2500.03

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.49200

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **267.31**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 256 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49282

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49118

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City State Zip Code
LYNNWOOD WA 98037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49207

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 257 / 288
(check only one)

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

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.	Full Name (Last, First, Middle Initial) MS BEVERLY WINKLER	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 17 LYNWOOD RD	Transaction ID: INC.A.49384
	City VERONA State NJ Zip Code 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 ▼ 325.00	
B.	Full Name (Last, First, Middle Initial) MR MICHAEL WISNIEWSKI	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 23 DRUID HILL DR	Transaction ID: INC.A.49432
	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 SR DIR CONTRACT ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
C.	Full Name (Last, First, Middle Initial) MR STEPHEN WOGEN	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 145 WAUGHAW ROAD	Transaction ID: INC.A.49214
	City TOWACO State NJ Zip Code 07082	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 MEDICARE FINANCE		
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) ▶

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 258 / 288
(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 ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City State Zip Code
PISCATAWAY NJ 08854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SR DIR RRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49128

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 64-20 BELL BLVD

City State Zip Code
BAYSIDE NY 11364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP INSURED SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49472

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 Occupation
MEDCO HEALTH SOLUTIONS SR DIR ACCT MGMT OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: INC.A.49425

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 / 288		
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee 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) BRENDA WRIGHT	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 1834 HUNTERS CREEK DRIVE	Transaction ID: INC.A.49543
	City State Zip Code GERMANTOWN TN 38138	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDO HEALTH GROUP VP QUALITY INTEGRITY HEALTH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) MR SERGEY YANITSKIY	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 793 LINCOLN AVE	Transaction ID: INC.A.49172
	City State Zip Code POMPTON LAKES NJ 07442	Amount of Each Receipt this Period 25.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MS SARAH YINGLING	Date of Receipt MM / DD / YYYY 06 / 21 / 2008
	Mailing Address 901 ST MARKS AVE	Transaction ID: INC.A.49271
	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 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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 260 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49342
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP E-COM DEV
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 650.00

B. Full Name (Last, First, Middle Initial)
 MS JILL ZELMAN
 Mailing Address 43604 EMERALD DUNES PL
 City State Zip Code
 LEESBURG VA 20176
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49398
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR CONSOLIDATION PLAN
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 325.00

C. Full Name (Last, First, Middle Initial)
 ANDREA ZICCARELLI
 Mailing Address 6550 HERONWOOD DR
 City State Zip Code
 MEMPHIS TN 38119
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 8
Transaction ID: INC.A.49189
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACCREDO HEALTH GROUP VP BUS DEV AND MARKETING
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 650.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 261 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City Loveland State OH Zip Code 45140

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 21 / 2008
Transaction ID: INC.A.49249
 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 Franklin Lakes State NJ Zip Code 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation ASST COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 21 / 2008
Transaction ID: INC.A.49482
 Amount of Each Receipt this Period 25.00

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

Mailing Address 26 DAYLILY DRIVE

City Mount Laurel State NJ Zip Code 08054

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 28 / 2008
Transaction ID: INC.A.50921
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

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

FOR LINE NUMBER: PAGE 262 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City LAS VEGAS State NV Zip Code 89141

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 28 / 2008

Transaction ID: INC.A.50524

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City COLUMBUS State OH Zip Code 43202

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR BUSINESS PLANNING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 28 / 2008

Transaction ID: INC.A.50605

Amount of Each Receipt this Period 12.50

C. Full Name (Last, First, Middle Initial)
MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City VERADALE State WA Zip Code 99037

FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 28 / 2008

Transaction ID: INC.A.50684

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 47.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 263 / 288
(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 Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: INC.A.50747

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 905 SW SCRUB OAK AVE

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: INC.A.50621

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: INC.A.50753

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 / 288
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 GIBBS		Date of Receipt MM / DD / YYYY 06 / 28 / 2008		
	Mailing Address 544 DENMOOR COURT		Transaction ID: INC.A.50564		
	City GALLOWAY	State OH	Zip Code 43119	Amount of Each Receipt this Period 12.50	
	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 ▼ 325.00			

B.	Full Name (Last, First, Middle Initial) MR ROSS LUCE		Date of Receipt MM / DD / YYYY 06 / 28 / 2008		
	Mailing Address 1066 WEST GROVE CT		Transaction ID: INC.A.50616		
	City GIBSONIA	State PA	Zip Code 15044	Amount of Each Receipt this Period 30.00	
	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 ▼ 555.00			

C.	Full Name (Last, First, Middle Initial) MRS CATHY PATTEN		Date of Receipt MM / DD / YYYY 06 / 28 / 2008		
	Mailing Address 2001 MEADOWS AVENUE		Transaction ID: INC.A.50732		
	City LANTANA	State TX	Zip Code 76226	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/GM			
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)	▶	67.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 265 / 288
(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 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 Occupation
MEDCO HEALTH SOLUTIONS DIR HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: INC.A.50885

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: INC.A.50698

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: INC.A.50715

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 266 / 288
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
MS JENNIFER SPIDLE
 Mailing Address **6108 HUNTER LANE**
 City **COLLEYVILLE** State **TX** Zip Code **76034**
 Date of Receipt **06 / 28 / 2008**
Transaction ID: INC.A.50743
 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/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

B. Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT
 Mailing Address **8362 GOLDEN PRAIRIE DRIVE**
 City **TAMPA** State **FL** Zip Code **33647**
 Date of Receipt **06 / 28 / 2008**
Transaction ID: INC.A.50637
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1300.00**

C. Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD
 Mailing Address **7974 FLAMETREE CT**
 City **LAS VEGAS** State **NV** Zip Code **89123**
 Date of Receipt **06 / 28 / 2008**
Transaction ID: INC.A.50708
 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/GM**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **650.00**

SUBTOTAL of Receipts This Page (optional) ► **100.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 267 / 288
	(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 CALVIN WASDYKE		Date of Receipt
	Mailing Address 5 APPLE ORCHARD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 8 / 2 0 0 8
	City	State	Zip Code
	MOORESTOWN	NJ	08057
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	Transaction ID: INC.A.50727
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1300.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR JAMES ZIRPOLI		Date of Receipt
	Mailing Address 6691 DEERVIEW DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 8 / 2 0 0 8
	City	State	Zip Code
	LOVELAND	OH	45140
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	Transaction ID: INC.A.50666
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 650.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/> 39008.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 268 / 288	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) BANK OF MARIN		Date of Receipt																					
	Mailing Address 50 MADERA BLVD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	0	8														
	City State Zip Code CORTE MADERA CA 94925		Transaction ID: INC.A.49089																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 123.14																						
Name of Employer Occupation		INTEREST EARNED																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 641.04																						

SUBTOTAL of Receipts This Page (optional)	▶	123.14
TOTAL This Period (last page this line number only)	▶	123.14

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)

<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)

A. Full Name (Last, First, Middle Initial) BATTLE BORN PAC <hr/> Mailing Address P.O. BOX 40366 <hr/> City WASHINGTON State DC Zip Code 20016 <hr/> Purpose of Disbursement <hr/> Candidate Name BATTLE BORN PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47580 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC. <hr/> Mailing Address P.O. BOX 61337 <hr/> City DENVER State CO Zip Code 80206 <hr/> Purpose of Disbursement <hr/> Candidate Name DIANA DEGETTE FOR CONGRESS INC. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47576 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRELINGHUYSEN FOR CONGRESS <hr/> Mailing Address 19 CATTANO AVE. <hr/> City MORRISTOWN State NJ Zip Code 07960 <hr/> Purpose of Disbursement <hr/> Candidate Name FRELINGHUYSEN FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.47577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)

A.

Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR SENATE

Mailing Address P.O. BOX 433

City State Zip Code
GREAT BEND KS 67530

Purpose of Disbursement

011
Category/
Type

Candidate Name
PAT ROBERTS FOR SENATE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: KS District:

Transaction ID: EXP.B.47579
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
PROSPERITY PAC

Mailing Address 1006 PENDLETON ST.

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement

011
Category/
Type

Candidate Name
PROSPERITY PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: EXP.B.47572
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
SALAZAR FOR SENATE

Mailing Address P.O. BOX 600

City State Zip Code
DENVER CO 80201

Purpose of Disbursement

011
Category/
Type

Candidate Name
SALAZAR FOR SENATE

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CO District:

Transaction ID: EXP.B.47574
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

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)

<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)

<p>A. Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND</p> <p>Mailing Address 607 14TH ST. NW, SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name SEARCHLIGHT LEADERSHIP FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.47573 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	2		2	0	0	8													
5000.00																						
<p>B. Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS</p> <p>Mailing Address 3729 SILSBY RD.</p> <p>City UNIVERSITY HEIGHTS State OH Zip Code 44118</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name STEPHANIE TUBBS JONES FOR US CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 11</p>	<p>Transaction ID: EXP.B.47578 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	2		2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) STEVE ROTHMAN FOR NEW JERSEY INC.</p> <p>Mailing Address PO BOX 714</p> <p>City HACKENSACK State NJ Zip Code 07602</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name STEVE ROTHMAN FOR NEW JERSEY INC.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 09</p>	<p>Transaction ID: EXP.B.47575 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	2		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 272 / 288

<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)

<p>A. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 E. MAIN ST., STE. 200</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.48542 Date of Disbursement: 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period: 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NEBRASKA LEADERSHIP PAC</p> <p>Mailing Address P.O. BOX 3325</p> <p>City OMAHA State NE Zip Code 68103</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name NEBRASKA LEADERSHIP PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.48544 Date of Disbursement: 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period: 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS 2008</p> <p>Mailing Address PO BOX 38585</p> <p>City DALLAS State TX Zip Code 75238</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name PETE SESSIONS FOR CONGRESS 2008</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 32</p>	<p>Transaction ID: EXP.B.48543 Date of Disbursement: 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p>

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)

PAGE 273 / 288

<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)

A. Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS <hr/> Mailing Address P.O. BOX 905 <hr/> City NEWTON State NJ Zip Code 07860 <hr/> Purpose of Disbursement <hr/> Candidate Name SCOTT GARRETT FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.48541 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05
B. Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN <hr/> Mailing Address PO BOX 5197 <hr/> City ST. CROIX State VI Zip Code 00823 <hr/> Purpose of Disbursement <hr/> Candidate Name DONNA CHRISTENSEN CAMPAIGN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49021 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District:
C. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS <hr/> Mailing Address P. O. BOX 586 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement <hr/> Candidate Name FRIENDS OF MAX BAUCUS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49020 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)

A.

Full Name (Last, First, Middle Initial)
ADLER FOR CONGRESS

Mailing Address **14 KNIGHTSWOOD DRIVE**

City **MARLTON** State **NJ** Zip Code **08053**

Purpose of Disbursement

Candidate Name
ADLER FOR CONGRESS

Office Sought: House Senate President
State: **NJ** District: **03**

Disbursement For: **2008**
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.49046
Date of Disbursement
M M / D D / Y Y Y Y
06 / 24 / 2008

Amount of Each Disbursement this Period
1000.00

011
Category/Type

B.

Full Name (Last, First, Middle Initial)
COMMITTEE FOR RESTORING CONFIDENCE IN GOVERNMENT PAC

Mailing Address **499 S CAPITOL ST. SW , STE. 404**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement

Candidate Name
COMMITTEE FOR RESTORING CONFIDENCE IN GOVERNMENT PAC

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: _____
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.49042
Date of Disbursement
M M / D D / Y Y Y Y
06 / 24 / 2008

Amount of Each Disbursement this Period
1500.00

011
Category/Type

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address **7908-12 CINCINNATI DAYTON RD.**

City **WEST CHESTER** State **OH** Zip Code **45069**

Purpose of Disbursement

Candidate Name
FRIENDS OF JOHN BOEHNER

Office Sought: House Senate President
State: **OH** District: **08**

Disbursement For: **2008**
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.49047
Date of Disbursement
M M / D D / Y Y Y Y
06 / 24 / 2008

Amount of Each Disbursement this Period
5000.00

011
Category/Type

SUBTOTAL of Disbursements This Page (optional)	7500.00
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)

<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)

A. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address PO BOX 3176 <hr/> City LONG BRANCH State NJ Zip Code 07740 <hr/> Purpose of Disbursement <hr/> Candidate Name PALLONE FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49049 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH <hr/> Mailing Address 7804 EVENING LANE <hr/> City ALEXANDRIA State VA Zip Code 22306 <hr/> Purpose of Disbursement <hr/> Candidate Name PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49041 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 3500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON <hr/> Mailing Address PO BOX 822 <hr/> City CAPE GIRARDEAU State MO Zip Code 63702 <hr/> Purpose of Disbursement <hr/> Candidate Name TEAM EMERSON FOR JO ANN EMERSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49045 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 276 / 288

<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)

A.	Full Name (Last, First, Middle Initial) TEAM SUNUNU	Transaction ID: EXP.B.49048 Date of Disbursement
	Mailing Address P.O. BOX 500	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City RYE State NH Zip Code 03870	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name TEAM SUNUNU	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: EXP.B.49044 Date of Disbursement
	Mailing Address 2021 E. DUBLIN GRANVILLE RD., STE.	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City COLUMBUS State OH Zip Code 43229	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name TIBERI FOR CONGRESS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WICKER FOR SENATE	Transaction ID: EXP.B.49043 Date of Disbursement
	Mailing Address PO BOX 64	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City JACKSON State MS Zip Code 39205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name WICKER FOR SENATE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 277 / 288

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
KILPATRICK FOR UNITED STATES CONGRESS

Mailing Address PO BOX 32175

City State Zip Code
DETROIT MI 48232

Purpose of Disbursement

011
Category/
Type

Candidate Name
KILPATRICK FOR UNITED STATES CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General
 Other (specify) ▼

State: MI District: 13

Transaction ID: EXP.B.49050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
PORTER FOR CONGRESS

Mailing Address 7840 RED LEAF DR.

City State Zip Code
LAS VEGAS NV 89131

Purpose of Disbursement

011
Category/
Type

Candidate Name
PORTER FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General
 Other (specify) ▼

State: NV District: 03

Transaction ID: EXP.B.49051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 278 / 288

<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)

A. Full Name (Last, First, Middle Initial)
BRIAN QUIRK FOR STATE REPRESENTATIVE

Mailing Address 1011 SUNSET STREET

City NEW HAMPTON State IA Zip Code 50659

Purpose of Disbursement

011
Category/
Type

Candidate Name
BRIAN QUIRK FOR STATE REPRESENTATIVE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.49036
Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR GRONSTAL

Mailing Address 220 BENNETT AVE.

City COUNCIL BLUFFS State IA Zip Code 51503

Purpose of Disbursement

011
Category/
Type

Candidate Name
CITIZENS FOR GRONSTAL

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.49022
Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DORIS KELLEY FOR IOWA HOUSE

Mailing Address 1922 MAYFAIR STREET

City WATERLOO State IA Zip Code 50701

Purpose of Disbursement

011
Category/
Type

Candidate Name
DORIS KELLEY FOR IOWA HOUSE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District:

Transaction ID: EXP.B.49030
Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 279 / 288

<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)

A. Full Name (Last, First, Middle Initial) HUSER FOR STATE REPRESENTATIVE <hr/> Mailing Address 213 7TH STREET NW <hr/> City ALTOONA State IA Zip Code 50009 <hr/> Purpose of Disbursement <hr/> Candidate Name HUSER FOR STATE REPRESENTATIVE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49028 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JACOBY FOR HOUSE <hr/> Mailing Address 2308 NORTHRIDGE DR. <hr/> City CORALVILLE State IA Zip Code 52241 <hr/> Purpose of Disbursement <hr/> Candidate Name JACOBY FOR HOUSE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49029 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR STATE REPRESENTATIVE <hr/> Mailing Address 5220 SE 31ST CT. <hr/> City DES MOINES State IA Zip Code 50320 <hr/> Purpose of Disbursement <hr/> Candidate Name KEVIN MCCARTHY FOR STATE REPRESENTATIVE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49031 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 280 / 288

<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)

A.	Full Name (Last, First, Middle Initial) KIBBIE FOR SENATE	Transaction ID: EXP.B.49039
	Mailing Address PO BOX 190	Date of Disbursement 06 / 23 / 2008
	City EMMETSBURG State IA Zip Code 50536	Amount of Each Disbursement this Period
	Purpose of Disbursement	250.00
	Candidate Name KIBBIE FOR SENATE	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) MARK ZIEMAN FOR SENATE COMMITTEE	Transaction ID: EXP.B.49026
	Mailing Address 284 LUANA ROAD	Date of Disbursement 06 / 23 / 2008
	City POSTVILLE State IA Zip Code 52162	Amount of Each Disbursement this Period
	Purpose of Disbursement	250.00
	Candidate Name MARK ZIEMAN FOR SENATE COMMITTEE	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE	Transaction ID: EXP.B.49032
	Mailing Address 155 NORTH GRANDVIEW AVE.	Date of Disbursement 06 / 23 / 2008
	City DUBUQUE State IA Zip Code 52001	Amount of Each Disbursement this Period
	Purpose of Disbursement	750.00
	Candidate Name MURPHY FOR STATE REPRESENTATIVE	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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 281 / 288

<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)

A.	Full Name (Last, First, Middle Initial) PAULSEN FOR STATE HOUSE COMMITTEE <hr/> Mailing Address PO BOX 250 <hr/> City HIAWATHA State IA Zip Code 52233 Purpose of Disbursement <hr/> Candidate Name PAULSEN FOR STATE HOUSE COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXP.B.49034 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) PETTENGILL FOR IOWANS <hr/> Mailing Address P.O. BOX 76 <hr/> City MT. AUBURN State IA Zip Code 52313 Purpose of Disbursement <hr/> Candidate Name PETTENGILL FOR IOWANS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXP.B.49035 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) RANTS FOR STATE HOUSE <hr/> Mailing Address 2740 SOUTH GLASS STREET <hr/> City SIOUX CITY State IA Zip Code 51106 Purpose of Disbursement <hr/> Candidate Name RANTS FOR STATE HOUSE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXP.B.49037 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

A. Full Name (Last, First, Middle Initial) SEYMOUR FOR SENATE <hr/> Mailing Address 901 WHITE STREET <hr/> City WOODBINE State IA Zip Code 51579 <hr/> Purpose of Disbursement <hr/> Candidate Name SEYMOUR FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXP.B.49023 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) STEVE OLSON FOR STATE REPRESENTATIVE <hr/> Mailing Address 2731 221ST STREET <hr/> City DEWITT State IA Zip Code 52742 <hr/> Purpose of Disbursement <hr/> Candidate Name STEVE OLSON FOR STATE REPRESENTATIVE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXP.B.49033 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SWATI DANDEKAR CAMPAIGN COMMITTEE <hr/> Mailing Address 2731 28TH AVENUE <hr/> City MARION State IA Zip Code 52302 <hr/> Purpose of Disbursement <hr/> Candidate Name SWATI DANDEKAR CAMPAIGN COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: EXP.B.49027 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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 283 / 288

<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)

A. Full Name (Last, First, Middle Initial) UPMEYER FOR HOUSE <hr/> Mailing Address 2175 PINE AVE. <hr/> City GARNER State IA Zip Code 50438 <hr/> Purpose of Disbursement <hr/> Candidate Name UPMEYER FOR HOUSE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49038 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:

B. Full Name (Last, First, Middle Initial) WARD FOR SENATE <hr/> Mailing Address 1545 GLEN OAKS DRIVE <hr/> City WEST DES MOINES State IA Zip Code 50226 <hr/> Purpose of Disbursement <hr/> Candidate Name WARD FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49024 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:

C. Full Name (Last, First, Middle Initial) WIECK FOR IOWA SENATE <hr/> Mailing Address 4362 OLD LAKEPORT RD. <hr/> City SIOUX CITY State IA Zip Code 51106 <hr/> Purpose of Disbursement <hr/> Candidate Name WIECK FOR IOWA SENATE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49025 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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)

<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)

A.	Full Name (Last, First, Middle Initial) BOAL FOR IOWA HOUSE	Transaction ID: EXP.B.49056 Date of Disbursement
	Mailing Address 3301 SW TIMBERGREEN RD.	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 06 / 30 / 2008
	City ANKENY State IA Zip Code 50023	Amount of Each Disbursement this Period
	Purpose of Disbursement VOIDED CHECK	<input type="text" value="-250.00"/>
	Candidate Name BOAL FOR IOWA HOUSE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CITIZENS FOR GRONSTAL	Transaction ID: EXP.B.49053 Date of Disbursement
	Mailing Address 220 BENNETT AVE.	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 06 / 30 / 2008
	City COUNCIL BLUFFS State IA Zip Code 51503	Amount of Each Disbursement this Period
	Purpose of Disbursement VOIDED CHECK	<input type="text" value="-1000.00"/>
	Candidate Name CITIZENS FOR GRONSTAL	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CITIZENS FOR STRUYK	Transaction ID: EXP.B.49062 Date of Disbursement
	Mailing Address 219 CARSON AVE.	<input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 06 / 30 / 2008
	City COUNCIL BLUFFS State IA Zip Code 51503	Amount of Each Disbursement this Period
	Purpose of Disbursement VOIDED CHECK	<input type="text" value="-250.00"/>
	Candidate Name CITIZENS FOR STRUYK	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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 285 / 288

<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)

A.	Full Name (Last, First, Middle Initial) DANIELSON FOR SENATE	Transaction ID: EXP.B.49052 Date of Disbursement 06 / 30 / 2008	
	Mailing Address 3906 MONTERREY DR. City WATERLOO State IA Zip Code 50701	Amount of Each Disbursement this Period -500.00	
	Purpose of Disbursement VOIDED CHECK	011 Category/ Type	
	Candidate Name DANIELSON FOR SENATE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) JACOBS COMMITTEE	Transaction ID: EXP.B.49057 Date of Disbursement 06 / 30 / 2008	
	Mailing Address 808 58TH ST. City WEST DES MOINES State IA Zip Code 50266	Amount of Each Disbursement this Period -250.00	
	Purpose of Disbursement VOIDED CHECK	011 Category/ Type	
	Candidate Name JACOBS COMMITTEE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR STATE REPRESENTATIVE	Transaction ID: EXP.B.49058 Date of Disbursement 06 / 30 / 2008	
	Mailing Address 5220 SE 31ST CT. City DES MOINES State IA Zip Code 50320	Amount of Each Disbursement this Period -500.00	
	Purpose of Disbursement VOIDED CHECK	011 Category/ Type	
	Candidate Name KEVIN MCCARTHY FOR STATE REPRESENTATIVE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

-1250.00

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 286 / 288

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) MARK ZIEMAN FOR SENATE COMMITTEE	Transaction ID: EXP.B.49055 Date of Disbursement 06 / 30 / 2008	
	Mailing Address 284 LUANA ROAD		
	City POSTVILLE State IA Zip Code 52162	Amount of Each Disbursement this Period	-500.00
	Purpose of Disbursement VOIDED CHECK	011	Category/ Type
	Candidate Name MARK ZIEMAN FOR SENATE COMMITTEE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: IA District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MURPHY FOR STATE REPRESENTATIVE	Transaction ID: EXP.B.49059 Date of Disbursement 06 / 30 / 2008	
	Mailing Address 155 NORTH GRANDVIEW AVE.		
	City DUBUQUE State IA Zip Code 52001	Amount of Each Disbursement this Period	-500.00
	Purpose of Disbursement VOIDED CHECK	011	Category/ Type
	Candidate Name MURPHY FOR STATE REPRESENTATIVE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: IA District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PETTENGILL FOR IOWANS	Transaction ID: EXP.B.49061 Date of Disbursement 06 / 30 / 2008	
	Mailing Address P.O. BOX 76		
	City MT. AUBURN State IA Zip Code 52313	Amount of Each Disbursement this Period	-250.00
	Purpose of Disbursement VOIDED CHECK	011	Category/ Type
	Candidate Name PETTENGILL FOR IOWANS		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: IA District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

-1250.00

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 287 / 288

<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)

A. Full Name (Last, First, Middle Initial) UPMEYER FOR HOUSE Mailing Address 2175 PINE AVE. City GARNER State IA Zip Code 50438 Purpose of Disbursement VOIDED CHECK Candidate Name UPMEYER FOR HOUSE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49060 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period -250.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) WIECK FOR IOWA SENATE Mailing Address 4362 OLD LAKEPORT RD. City SIOUX CITY State IA Zip Code 51106 Purpose of Disbursement VOIDED CHECK Candidate Name WIECK FOR IOWA SENATE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.49054 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period -500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

-750.00

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

3250.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 288 / 288
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING FEES
Mailing Address 1415 L STREET, STE. 1200			
City SACRAMENTO	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:47567	
1913.23			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1913.23	

1) SUBTOTALS This Period This Page (optional).....	1913.23
2) TOTALS This Period (last page this line number only).....	1913.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1913.23