

# 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)

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 01 01 2009 through 01 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer JASON D. KAUNE  
Signature of Treasurer Electronically Filed by JASON D. KAUNE Date 03 13 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		445690.14
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	445690.14									
(c) Total Receipts (from Line 19) .....	67266.67	67266.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	512956.81	512956.81								
7. Total Disbursements (from Line 31) .....	64000.00	64000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	448956.81	448956.81								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1566.61									
	11 04 2008	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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26133.10	26133.10
(i) Itemized (use Schedule A) .....	40617.09	40617.09
(ii) Unitemized .....	66750.19	66750.19
(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) .....	66750.19	66750.19
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 .....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	16.48	16.48
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)) .....	67266.67	67266.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	67266.67	67266.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	64500.00	64500.00
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.....	-500.00	-500.00
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))..	64000.00	64000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64000.00	64000.00

**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) .....	66750.19	66750.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66750.19	66750.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

**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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 452 MEDWAY ROAD	<b>Transaction ID:</b> INC.A.58325
	City State Zip Code HIGHLAND HEIGHTS OH 44143	Amount of Each Receipt this Period 200.00
	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 ▼ 584.62	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR PETER BEGANS	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 1605 CHARNITA CT	<b>Transaction ID:</b> INC.A.58078
	City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period 100.00
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEN BODMER	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address P.O. BOX 381947	<b>Transaction ID:</b> INC.A.58148
	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 ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	492.00
<b>TOTAL</b> This Period (last page this line 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 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN		Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 5259 FISHERCREST LN		<b>Transaction ID:</b> INC.A.58186
	City	State	Zip Code
	RICHMOND	VA	23231
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM		Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 210 FROG HOLLOW ROAD		<b>Transaction ID:</b> INC.A.58173
	City	State	Zip Code
	COATESVILLE	PA	19320
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
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 ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI		Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 119 WASHINGTON AVENUE		<b>Transaction ID:</b> INC.A.58132
	City	State	Zip Code
	CHATHAM	NJ	07928
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
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 ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	467.31
<b>TOTAL</b> This Period (last page this line 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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN		Date of Receipt MM / DD / YYYY 01 / 03 / 2009		
	Mailing Address 25 FAIRWAY TRAIL		<b>Transaction ID:</b> INC.A.58022		
	City SPARTA	State NJ	Zip Code 07871	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 PHARMACY NETWORK MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>B.</b>	Full Name (Last, First, Middle Initial) MS MARY DASCHNER		Date of Receipt MM / DD / YYYY 01 / 03 / 2009		
	Mailing Address 2926 EWING AVE S		<b>Transaction ID:</b> INC.A.57990		
	City MINNEAPOLIS	State MN	Zip Code 55416	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES RETIREE SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90			

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE		Date of Receipt MM / DD / YYYY 01 / 03 / 2009		
	Mailing Address 58 INDEPENDENCE WAY		<b>Transaction ID:</b> INC.A.58251		
	City MORRIS TWP	State NJ	Zip Code 07960	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ENTERPRISE BUS INTELLIGENCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.91
<b>TOTAL</b> This Period (last page this line number 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 / 73
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DR SUMIT DUTTA	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 534 HUDSON STREET #3C	<b>Transaction ID:</b> INC.A.58057
	City State Zip Code NEW YORK NY 10014	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 231.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 75 TWEED BLVD	<b>Transaction ID:</b> INC.A.57842
	City State Zip Code UPPER GRANDVIEW NY 10960	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR THOMAS FEITEL	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 58 APPLE HILL DR	<b>Transaction ID:</b> INC.A.58049
	City State Zip Code GILLETTE NJ 07933	Amount of Each Receipt this Period 192.23
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>461.54</b>
<b>TOTAL</b> This Period (last page this line number 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 / 73  
(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)  
MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City NORWALK State CT Zip Code 06851

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP BUSINESS DEVELOPMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt: 01 / 03 / 2009  
**Transaction ID: INC.A.58316**  
 Amount of Each Receipt this Period: 192.31

**B.**

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

Mailing Address 9 GREEN HILL TRAIL

City TROPHY CLUB State TX Zip Code 76262

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP NATIONAL SERVICE CENTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 03 / 2009  
**Transaction ID: INC.A.58109**  
 Amount of Each Receipt this Period: 50.00

**C.**

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

Mailing Address 720 N. LARRABEE APT 1701

City CHICAGO State IL Zip Code 60654

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt: 01 / 03 / 2009  
**Transaction ID: INC.A.58228**  
 Amount of Each Receipt this Period: 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► 434.62

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 73  
(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

Mailing Address 25 BALLYMEADE ROAD

City State Zip Code  
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

Transaction ID: INC.A.58256

Amount of Each Receipt this Period  
192.31

**B.**

Full Name (Last, First, Middle Initial)  
MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City State Zip Code  
CHICAGO IL 60606

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS CHIEF CLINICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

Transaction ID: INC.A.58307

Amount of Each Receipt this Period  
75.00

**C.**

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

Transaction ID: INC.A.58221

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **459.62**

**TOTAL** This Period (last page this line number 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 / 73  
(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 SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code  
MEDINA MN 55340

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRES UHG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: MM / DD / YYYY  
01 / 03 / 2009

Transaction ID: INC.A.57843

Amount of Each Receipt this Period: 192.30

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

Mailing Address 50 BELLEVUE AVE

City State Zip Code  
SUMMIT NJ 07901

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: MM / DD / YYYY  
01 / 03 / 2009

Transaction ID: INC.A.57860

Amount of Each Receipt this Period: 90.00

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

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code  
LONG VALLEY NJ 07853

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt: MM / DD / YYYY  
01 / 03 / 2009

Transaction ID: INC.A.58119

Amount of Each Receipt this Period: 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **474.61**

**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 13 / 73  
(check only one)

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

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

**A.**

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

**Transaction ID:** INC.A.57840

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

**Transaction ID:** INC.A.57904

Amount of Each Receipt this Period  
75.00

**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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

**Transaction ID:** INC.A.58116

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **347.31**

**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 14 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH KLEPPER	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 295 GLEN PLACE	<b>Transaction ID:</b> INC.A.58243
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR MARK LANDY	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 18 LADIK PL	<b>Transaction ID:</b> INC.A.58122
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 7017 COBALT WAY	<b>Transaction ID:</b> INC.A.58077
	City State Zip Code CITRUS HEIGHTS CA 95621	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	417.30
<b>TOTAL</b> This Period (last page this line 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 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 11825 SHEPPARDS CROSSING	<b>Transaction ID:</b> INC.A.57969
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JEFFREY MAY	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 137 WASHINGTON AVE	<b>Transaction ID:</b> INC.A.58167
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 87 ROSELAWN RD	<b>Transaction ID:</b> INC.A.58076
	City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 73
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 112 GREEN TERRACE WAY	<b>Transaction ID:</b> INC.A.58208
	City State Zip Code WEST MILFORD NJ 07480	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 BUSINESS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 86 WELLINGTON AVENUE	<b>Transaction ID:</b> INC.A.57846
	City State Zip Code SHORT HILLS NJ 07078	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENL C-SEC-SVP PHARM STRAT SOL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JIMMY PERREN	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 1250 BRAY PARK DR EAST	<b>Transaction ID:</b> INC.A.58334
	City State Zip Code COLLIERVILLE TN 38017	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP VP REGULATORY COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	459.31
<b>TOTAL</b> This Period (last page this line 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 17 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 29 BLACKWELL AVE	<b>Transaction ID:</b> INC.A.57859
	City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 875 ALEXANDRIA CT	<b>Transaction ID:</b> INC.A.58056
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MARK PROULX	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 20 BRANDY RIDGE ROAD	<b>Transaction ID:</b> INC.A.58230
	City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 73  
(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 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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2009

**Transaction ID:** INC.A.57886

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2009

**Transaction ID:** INC.A.58247

Amount of Each Receipt this Period  
70.00

**C.**

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

Mailing Address 96 LEHMANN STREET

City State Zip Code  
MAHWAH NJ 07430

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2009

**Transaction ID:** INC.A.57979

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.30**

**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 19 / 73  
(check only one)

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

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

**A.**

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

Mailing Address 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 ▼ 579.00

Date of Receipt 01 / 03 / 2009

Transaction ID: INC.A.58154

Amount of Each Receipt this Period 193.00

**B.**

Full Name (Last, First, Middle Initial)  
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City MAPLEWOOD State NJ Zip Code 07040

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY REGULATORY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.02

Date of Receipt 01 / 03 / 2009

Transaction ID: INC.A.58145

Amount of Each Receipt this Period 78.34

**C.**

Full Name (Last, First, Middle Initial)  
BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF PHARMACIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt 01 / 03 / 2009

Transaction ID: INC.A.58321

Amount of Each Receipt this Period 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **463.65**

**TOTAL** This Period (last page this line number 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 / 73  
(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 SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City LAS VEGAS State NV Zip Code 89148

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 03 / 2009  
**Transaction ID: INC.A.58073**  
 Amount of Each Receipt this Period: 60.00

**B.**

Full Name (Last, First, Middle Initial)  
MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City RIDGEWOOD State NJ Zip Code 07450

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 03 / 2009  
**Transaction ID: INC.A.57937**  
 Amount of Each Receipt this Period: 50.00

**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 ▼ 576.93

Date of Receipt: 01 / 03 / 2009  
**Transaction ID: INC.A.58047**  
 Amount of Each Receipt this Period: 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **302.31**

**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 21 / 73
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ROBERT SMITH	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 40 JOSHUA DR T	<b>Transaction ID:</b> INC.A.58175
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 23 CEDAR GATE ROAD	<b>Transaction ID:</b> INC.A.58238
	City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 7 FOREST LAKE DR	<b>Transaction ID:</b> INC.A.58155
	City State Zip Code WEST HARRISON NY 10604	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>434.62</b>
<b>TOTAL</b> This Period (last page this line 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 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DR GLEN STETTIN		Date of Receipt MM / DD / YYYY 01 / 03 / 2009		
	Mailing Address 8 MILL GLEN CT		<b>Transaction ID:</b> INC.A.58224		
	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 ▼ 576.93			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT		Date of Receipt MM / DD / YYYY 01 / 03 / 2009		
	Mailing Address 8362 GOLDEN PRAIRIE DRIVE		<b>Transaction ID:</b> INC.A.57978		
	City TAMPA	State FL	Zip Code 33647	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MARY THORSBY		Date of Receipt MM / DD / YYYY 01 / 03 / 2009		
	Mailing Address 17326 ELLEN DR		<b>Transaction ID:</b> INC.A.57996		
	City LIVONIA	State MI	Zip Code 48152	Amount of Each Receipt this Period 75.00	
	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 ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	317.31
<b>TOTAL</b> This Period (last page this line 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 23 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 713 INDIAN CREEK RD	<b>Transaction ID:</b> INC.A.58080
	City State Zip Code AMHERST VA 24521	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address W328 S4230 SPRING RIDGE	<b>Transaction ID:</b> INC.A.58328
	City State Zip Code WAUKESHA WI 53189	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 450 BEECHMONT DR	<b>Transaction ID:</b> INC.A.58133
	City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>367.31</b>
<b>TOTAL</b> This Period (last page this line 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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 5445 GOODWIN AVENUE	<b>Transaction ID:</b> INC.A.58259
	City State Zip Code DALLAS TX 75206	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 5 APPLE ORCHARD RD	<b>Transaction ID:</b> INC.A.58085
	City State Zip Code MOORESTOWN NJ 08057	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS KELLY WEBBER	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 107 UPPER SADDLE RIVER ROAD	<b>Transaction ID:</b> INC.A.58063
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>342.31</b>
<b>TOTAL</b> This Period (last page this line 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 25 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 309 WATERVIEW DR	<b>Transaction ID:</b> INC.A.57961
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR KENNETH WERMES	Date of Receipt MM / DD / YYYY 01 / 03 / 2009
	Mailing Address 26037 N WRANGLER RD	<b>Transaction ID:</b> INC.A.58053
	City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0	Date of Receipt MM / DD / YYYY 01 / 10 / 2009
	Mailing Address 9 GREEN HILL TRAIL	<b>Transaction ID:</b> INC.A.58646
	City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>317.31</b>
<b>TOTAL</b> This Period (last page this line 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 26 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III	Date of Receipt MM / DD / YYYY 01 / 10 / 2009
	Mailing Address 266 BRUSHY CREEK AVE	<b>Transaction ID:</b> INC.A.58612
	City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT	Date of Receipt MM / DD / YYYY 01 / 10 / 2009
	Mailing Address 8362 GOLDEN PRAIRIE DRIVE	<b>Transaction ID:</b> INC.A.58521
	City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer 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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE	Date of Receipt MM / DD / YYYY 01 / 10 / 2009
	Mailing Address 5 APPLE ORCHARD RD	<b>Transaction ID:</b> INC.A.58623
	City State Zip Code MOORESTOWN NJ 08057	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line 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 27 / 73		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 452 MEDWAY ROAD	<b>Transaction ID:</b> INC.A.58862
	City State Zip Code HIGHLAND HEIGHTS OH 44143	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 584.62	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR PETER BEGANS	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 1605 CHARNITA CT	<b>Transaction ID:</b> INC.A.58617
	City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEN BODMER	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address P.O. BOX 381947	<b>Transaction ID:</b> INC.A.58685
	City State Zip Code GERMANTOWN TN 38183	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>484.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 73  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 5259 FISHERCREST LN		<b>Transaction ID:</b> INC.A.58723
	City	State	Zip Code
	RICHMOND	VA	23231
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 210 FROG HOLLOW ROAD		<b>Transaction ID:</b> INC.A.58710
	City	State	Zip Code
	COATESVILLE	PA	19320
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
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 ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 119 WASHINGTON AVENUE		<b>Transaction ID:</b> INC.A.58670
	City	State	Zip Code
	CHATHAM	NJ	07928
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
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 ▼ 576.93	

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

**467.31**

**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 29 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 25 FAIRWAY TRAIL		<b>Transaction ID:</b> INC.A.58564		
	City SPARTA	State NJ	Zip Code 07871	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 PHARMACY NETWORK MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>B.</b>	Full Name (Last, First, Middle Initial) MS MARY DASCHNER		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 2926 EWING AVE S		<b>Transaction ID:</b> INC.A.58533		
	City MINNEAPOLIS	State MN	Zip Code 55416	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES RETIREE SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90			

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 58 INDEPENDENCE WAY		<b>Transaction ID:</b> INC.A.58788		
	City MORRIS TWP	State NJ	Zip Code 07960	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP ENTERPRISE BUS INTELLIGENCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.91
<b>TOTAL</b> This Period (last page this line number 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 / 73  
(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 SUMIT DUTTA		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
Mailing Address 534 HUDSON STREET #3C		<b>Transaction ID:</b> INC.A.58599
City NEW YORK	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.00
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 ▼ 231.00	

**B.**

Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
Mailing Address 75 TWEED BLVD		<b>Transaction ID:</b> INC.A.58386
City UPPER GRANDVIEW	State NY	Zip Code 10960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CMO SVP MEDICAL&ANLYTC AFFRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

**C.**

Full Name (Last, First, Middle Initial) MR THOMAS FEITEL		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
Mailing Address 58 APPLE HILL DR		<b>Transaction ID:</b> INC.A.58591
City GILLETTE	State NJ	Zip Code 07933
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.23
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP CORP MKTG & E-COMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>461.54</b>
<b>TOTAL</b> This Period (last page this line 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 31 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 6 MORGAN AVE		<b>Transaction ID:</b> INC.A.58853		
	City NORWALK	State CT	Zip Code 06851	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 BUSINESS DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 9 GREEN HILL TRAIL		<b>Transaction ID:</b> INC.A.58647		
	City TROPHY CLUB	State TX	Zip Code 76262	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATIONAL SERVICE CENTER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 720 N. LARRABEE APT 1701		<b>Transaction ID:</b> INC.A.58765		
	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 ▼ 576.93			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	434.62
<b>TOTAL</b> This Period (last page this line 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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL GALVIN	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 25 BALLYMEADE ROAD	<b>Transaction ID:</b> INC.A.58793
	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 ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MATTHEW GIBBS	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 27 N. WACKER DR. SUITE 246	<b>Transaction ID:</b> INC.A.58845
	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 ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR THOMAS GILSON	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 2 PELL FARM ROAD	<b>Transaction ID:</b> INC.A.58758
	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 ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	459.62
<b>TOTAL</b> This Period (last page this line 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 33 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 305 BERGAMOT DRIVE	<b>Transaction ID:</b> INC.A.58387
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR RICHARD GUIOR	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 50 BELLEVUE AVE	<b>Transaction ID:</b> INC.A.58404
	City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MARK HALLORAN	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 19 KINGS RIDGE ROAD	<b>Transaction ID:</b> INC.A.58657
	City State Zip Code LONG VALLEY NJ 07853	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF INFO OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>474.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 73  
(check only one)

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

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

**A.**

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58384

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58448

Amount of Each Receipt this Period  
75.00

**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 ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58654

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **347.31**

**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 35 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH KLEPPER	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 295 GLEN PLACE	<b>Transaction ID:</b> INC.A.58780
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR MARK LANDY	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 18 LADIK PL	<b>Transaction ID:</b> INC.A.58660
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 7017 COBALT WAY	<b>Transaction ID:</b> INC.A.58616
	City State Zip Code CITRUS HEIGHTS CA 95621	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>417.30</b>
<b>TOTAL</b> This Period (last page this line number 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 / 73
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 11825 SHEPPARDS CROSSING	<b>Transaction ID:</b> INC.A.58513
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JEFFREY MAY	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 137 WASHINGTON AVE	<b>Transaction ID:</b> INC.A.58704
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 87 ROSELAWN RD	<b>Transaction ID:</b> INC.A.58615
	City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.60</b>
<b>TOTAL</b> This Period (last page this line 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 / 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID:</b> INC.A.58745		
	City WEST MILFORD	State NJ	Zip Code 07480	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 BUSINESS OPS	Aggregate Year-to-Date 576.93		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 86 WELLINGTON AVENUE		<b>Transaction ID:</b> INC.A.58390		
	City SHORT HILLS	State NJ	Zip Code 07078	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENL C-SEC-SVP PHARM STRAT SOL	Aggregate Year-to-Date 576.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) JIMMY PERREN		Date of Receipt MM / DD / YYYY 01 / 17 / 2009		
	Mailing Address 1250 BRAY PARK DR EAST		<b>Transaction ID:</b> INC.A.58871		
	City COLLIERVILLE	State TN	Zip Code 38017	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation VP REGULATORY COMPLIANCE	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	459.31
<b>TOTAL</b> This Period (last page this line number 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 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF 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**  
 Date of Receipt **01 / 17 / 2009**  
**Transaction ID: INC.A.58403**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **576.90**

**B.** Full Name (Last, First, Middle Initial)  
**MS KARIN PRINCIVALLE**  
 Mailing Address **875 ALEXANDRIA CT**  
 City **RAMSEY** State **NJ** Zip Code **07446**  
 Date of Receipt **01 / 17 / 2009**  
**Transaction ID: INC.A.58598**  
 Amount of Each Receipt this Period **192.30**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP HR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **576.90**

**C.** Full Name (Last, First, Middle Initial)  
**MR MARK PROULX**  
 Mailing Address **20 BRANDY RIDGE ROAD**  
 City **SPARTA** State **NJ** Zip Code **07871**  
 Date of Receipt **01 / 17 / 2009**  
**Transaction ID: INC.A.58767**  
 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 PHARMACY & CUST SVC OPS**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **576.93**

**SUBTOTAL** of Receipts This Page (optional) ..... **576.91**  
**TOTAL** This Period (last page this line 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 39 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MS FRANCES RAO	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 19 ROSS ROAD	<b>Transaction ID:</b> INC.A.58430
	City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR REGULATORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 412 RIVER MEWS LANE	<b>Transaction ID:</b> INC.A.58784
	City State Zip Code EDGEWATER NJ 07020	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 96 LEHMANN STREET	<b>Transaction ID:</b> INC.A.58523
	City State Zip Code MAHWAH NJ 07430	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.30</b>
<b>TOTAL</b> This Period (last page this line 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 40 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR RICHARD RUBINO	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 3 APACHE DRIVE	<b>Transaction ID:</b> INC.A.58691
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 193.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCE & CHIEF FIN OFFCR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS MARY RYAN	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 456 RICHMOND AVENUE	<b>Transaction ID:</b> INC.A.58683
	City State Zip Code MAPLEWOOD NJ 07040	Amount of Each Receipt this Period 78.34
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) BRUCE SCOTT	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 18650 BEARPATH TRAIL	<b>Transaction ID:</b> INC.A.58858
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>463.65</b>
<b>TOTAL</b> This Period (last page this line number 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 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 266 BRUSHY CREEK AVE

City LAS VEGAS State NV Zip Code 89148

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 17 / 2009

**Transaction ID: INC.A.58613**

Amount of Each Receipt this Period 60.00

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

Mailing Address 119 HAMILTON RD

City RIDGEWOOD State NJ Zip Code 07450

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 17 / 2009

**Transaction ID: INC.A.58481**

Amount of Each Receipt this Period 50.00

**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 ▼ 576.93

Date of Receipt 01 / 17 / 2009

**Transaction ID: INC.A.58589**

Amount of Each Receipt this Period 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► 302.31

**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 42 / 73  
(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 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58712

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 ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58775

Amount of Each Receipt this Period  
192.31

**C.**

Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City State Zip Code  
WEST HARRISON NY 10604

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58692

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **434.62**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 73  
(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

Mailing Address 8 MILL GLEN CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58761

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58522

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2009

**Transaction ID:** INC.A.58539

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **317.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 73
	(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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER		Date of Receipt
	Mailing Address 713 INDIAN CREEK RD		<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 0 1 / 1 7 / 2 0 0 9
	City	State	Zip Code
	AMHERST	VA	24521
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR GOVERNMENT AFFAIRS	<b>Transaction ID:</b> INC.A.58619
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"/> 225.00	<input type="text"/> 75.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA		Date of Receipt
	Mailing Address W328 S4230 SPRING RIDGE		<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 0 1 / 1 7 / 2 0 0 9
	City	State	Zip Code
	WAUKESHA	WI	53189
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & GENERAL MGR	<b>Transaction ID:</b> INC.A.58865
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"/> 300.00	<input type="text"/> 100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN		Date of Receipt
	Mailing Address 450 BEECHMONT 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 0 1 / 1 7 / 2 0 0 9
	City	State	Zip Code
	NEW ROCHELLE	NY	10804
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP REGULATORY & MC PROGRAMS	<b>Transaction ID:</b> INC.A.58671
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"/> 576.93	<input type="text"/> 192.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 367.31
<b>TOTAL</b> 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: (check only one)	PAGE 45 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 5445 GOODWIN AVENUE	<b>Transaction ID:</b> INC.A.58796
	City State Zip Code DALLAS TX 75206	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 SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 5 APPLE ORCHARD RD	<b>Transaction ID:</b> INC.A.58624
	City State Zip Code MOORESTOWN NJ 08057	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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS KELLY WEBBER	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 107 UPPER SADDLE RIVER ROAD	<b>Transaction ID:</b> INC.A.58605
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	342.31
<b>TOTAL</b> This Period (last page this line 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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 309 WATERVIEW DR	<b>Transaction ID:</b> INC.A.58505
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES EMPLOYER GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR KENNETH WERMES	Date of Receipt MM / DD / YYYY 01 / 17 / 2009
	Mailing Address 26037 N WRANGLER RD	<b>Transaction ID:</b> INC.A.58595
	City State Zip Code SCOTTSDALE AZ 85255	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0	Date of Receipt MM / DD / YYYY 01 / 24 / 2009
	Mailing Address 9 GREEN HILL TRAIL	<b>Transaction ID:</b> INC.A.59709
	City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP NATIONAL SERVICE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>317.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 MR THOMAS SHANAHAN, III  
 Mailing Address 266 BRUSHY CREEK AVE  
 City State Zip Code  
**LAS VEGAS NV 89148**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**0 1 / 2 4 / 2 0 0 9**  
**Transaction ID: INC.A.59675**  
 Amount of Each Receipt this Period  
 60.00  
 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) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
 MR TIMOTHY SWETT  
 Mailing Address 8362 GOLDEN PRAIRIE DRIVE  
 City State Zip Code  
**TAMPA FL 33647**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**0 1 / 2 4 / 2 0 0 9**  
**Transaction ID: INC.A.59585**  
 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** 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  
**0 1 / 2 4 / 2 0 0 9**  
**Transaction ID: INC.A.59686**  
 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**  
**TOTAL** This Period (last page this line 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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 452 MEDWAY ROAD	<b>Transaction ID:</b> INC.A.59926
	City State Zip Code HIGHLAND HEIGHTS OH 44143	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 ▼ 584.62	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR PETER BEGANS	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 1605 CHARNITA CT	<b>Transaction ID:</b> INC.A.59680
	City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period 100.00
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEN BODMER	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address P.O. BOX 381947	<b>Transaction ID:</b> INC.A.59749
	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 ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	484.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 73  
(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 SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City RICHMOND State VA Zip Code 23231

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY CONSULTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 31 / 2009

Transaction ID: INC.A.59787

Amount of Each Receipt this Period 200.00

**B.**

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

Mailing Address 210 FROG HOLLOW ROAD

City COATESVILLE State PA Zip Code 19320

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO & PROCESS ENGINEERING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 31 / 2009

Transaction ID: INC.A.59774

Amount of Each Receipt this Period 75.00

**C.**

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

Mailing Address 119 WASHINGTON AVENUE

City CHATHAM State NJ Zip Code 07928

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CONTROLLER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt 01 / 31 / 2009

Transaction ID: INC.A.59733

Amount of Each Receipt this Period 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 467.31

**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 50 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN		Date of Receipt MM / DD / YYYY 01 / 31 / 2009		
	Mailing Address 25 FAIRWAY TRAIL		<b>Transaction ID:</b> INC.A.59627		
	City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 576.93		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP PHARMACY NETWORK MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) MS MARY DASCHNER		Date of Receipt MM / DD / YYYY 01 / 31 / 2009		
	Mailing Address 2926 EWING AVE S		<b>Transaction ID:</b> INC.A.59596		
	City MINNEAPOLIS	State MN	Zip Code 55416	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 576.90		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GROUP PRES RETIREE SOLUTIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE		Date of Receipt MM / DD / YYYY 01 / 31 / 2009		
	Mailing Address 58 INDEPENDENCE WAY		<b>Transaction ID:</b> INC.A.59852		
	City MORRIS TWP	State NJ	Zip Code 07960	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 576.90		
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP ENTERPRISE BUS INTELLIGENCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.91
<b>TOTAL</b> This Period (last page this line number 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 / 73  
(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 SUMIT DUTTA

Mailing Address 534 HUDSON STREET  
#3C

City State Zip Code  
NEW YORK NY 10014

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

Transaction ID: INC.A.59662

Amount of Each Receipt this Period  
77.00

**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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

Transaction ID: INC.A.59450

Amount of Each Receipt this Period  
192.31

**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 ▼ 576.69

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

Transaction ID: INC.A.59654

Amount of Each Receipt this Period  
192.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► **461.54**

**TOTAL** This Period (last page this line 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 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD		Date of Receipt
	Mailing Address 6 MORGAN AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NORWALK	CT	06851
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.59917
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP BUSINESS DEVELOPMENT	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"/>
		<input type="text"/> 576.93	<input type="text"/> 192.31

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0		Date of Receipt
	Mailing Address 9 GREEN HILL TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TROPHY CLUB	TX	76262
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.59710
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP NATIONAL SERVICE CENTER	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"/>
		<input type="text"/> 250.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI		Date of Receipt
	Mailing Address 720 N. LARRABEE APT 1701		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	CHICAGO	IL	60654
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.59829
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & GENERAL MGR	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"/>
		<input type="text"/> 576.93	<input type="text"/> 192.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 434.62
<b>TOTAL</b> 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 53 / 73  
(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

Mailing Address 25 BALLYMEADE ROAD

City State Zip Code  
HOPEWELL JUNCTION NY 12533

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: INC.A.59857

Amount of Each Receipt this Period  
192.31

**B.**

Full Name (Last, First, Middle Initial)  
MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City State Zip Code  
CHICAGO IL 60606

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS CHIEF CLINICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: INC.A.59909

Amount of Each Receipt this Period  
75.00

**C.**

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: INC.A.59822

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► 459.62

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 73  
(check only one)

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

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

**A.**

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

Mailing Address 305 BERGAMOT DRIVE

City MEDINA State MN Zip Code 55340

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRES UHG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 01 / 31 / 2009  
**Transaction ID: INC.A.59451**  
 Amount of Each Receipt this Period: 192.30

**B.**

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

Mailing Address 50 BELLEVUE AVE

City SUMMIT State NJ Zip Code 07901

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 01 / 31 / 2009  
**Transaction ID: INC.A.59468**  
 Amount of Each Receipt this Period: 90.00

**C.**

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

Mailing Address 19 KINGS RIDGE ROAD

City LONG VALLEY State NJ Zip Code 07853

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF INFO OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt: 01 / 31 / 2009  
**Transaction ID: INC.A.59720**  
 Amount of Each Receipt this Period: 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **474.61**

**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 55 / 73  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59448

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59512

Amount of Each Receipt this Period  
75.00

**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 ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59717

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **347.31**

**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 56 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH KLEPPER	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 295 GLEN PLACE	<b>Transaction ID:</b> INC.A.59844
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR MARK LANDY	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 18 LADIK PL	<b>Transaction ID:</b> INC.A.59723
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 7017 COBALT WAY	<b>Transaction ID:</b> INC.A.59679
	City State Zip Code CITRUS HEIGHTS CA 95621	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	417.30
<b>TOTAL</b> This Period (last page this line 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 57 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 11825 SHEPPARDS CROSSING	<b>Transaction ID:</b> INC.A.59577
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JEFFREY MAY	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 137 WASHINGTON AVE	<b>Transaction ID:</b> INC.A.59768
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 87 ROSELAWN RD	<b>Transaction ID:</b> INC.A.59678
	City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.60</b>
<b>TOTAL</b> This Period (last page this line number 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 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR STEVEN 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 ▼ 576.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Transaction ID: INC.A.59809

Amount of Each Receipt this Period

192.31
--------

**B.**

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code  
SHORT HILLS NJ 07078

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Transaction ID: INC.A.59454

Amount of Each Receipt this Period

192.00
--------

**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 ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Transaction ID: INC.A.59935

Amount of Each Receipt this Period

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

459.31
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 73  
(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)  
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 ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59467

Amount of Each Receipt this Period  
192.30

**B.**

Full Name (Last, First, Middle Initial)  
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code  
RAMSEY NJ 07446

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59661

Amount of Each Receipt this Period  
192.30

**C.**

Full Name (Last, First, Middle Initial)  
MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59831

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.91**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 73  
(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 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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59494

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59848

Amount of Each Receipt this Period  
70.00

**C.**

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

Mailing Address 96 LEHMANN STREET

City State Zip Code  
MAHWAH NJ 07430

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

**Transaction ID:** INC.A.59587

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.30**

**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 61 / 73  
(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 RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City State Zip Code  
OAKLAND NJ 07436

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP FINANCE & CHIEF FIN OFFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 579.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

**Transaction ID:** INC.A.59755

Amount of Each Receipt this Period  
193.00

**B.**

Full Name (Last, First, Middle Initial)  
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code  
MAPLEWOOD NJ 07040

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

**Transaction ID:** INC.A.59747

Amount of Each Receipt this Period  
78.34

**C.**

Full Name (Last, First, Middle Initial)  
BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

**Transaction ID:** INC.A.59922

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **463.65**

**TOTAL** This Period (last page this line 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 62 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 266 BRUSHY CREEK AVE	<b>Transaction ID:</b> INC.A.59676
	City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 119 HAMILTON RD	<b>Transaction ID:</b> INC.A.59545
	City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY SIMEK	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 704 SAW PALMETTO COURT	<b>Transaction ID:</b> INC.A.59652
	City State Zip Code PORT ORANGE FL 32128	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>302.31</b>
<b>TOTAL</b> This Period (last page this line 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 63 / 73
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ROBERT SMITH	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 40 JOSHUA DR T	<b>Transaction ID:</b> INC.A.59776
	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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 23 CEDAR GATE ROAD	<b>Transaction ID:</b> INC.A.59839
	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 ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 7 FOREST LAKE DR	<b>Transaction ID:</b> INC.A.59756
	City State Zip Code WEST HARRISON NY 10604	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 FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>434.62</b>
<b>TOTAL</b> This Period (last page this line 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 / 73
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) DR GLEN STETTIN	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 8 MILL GLEN CT	<b>Transaction ID:</b> INC.A.59825
	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. <b>C</b>	
	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 ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TIMOTHY SWETT	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 8362 GOLDEN PRAIRIE DRIVE	<b>Transaction ID:</b> INC.A.59586
	City State Zip Code TAMPA FL 33647	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer 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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MARY THORSBY	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address 17326 ELLEN DR	<b>Transaction ID:</b> INC.A.59602
	City State Zip Code LIVONIA MI 48152	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>317.31</b>
<b>TOTAL</b> This Period (last page this line number 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 / 73

(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 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 ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: INC.A.59682

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code  
WAUKESHA WI 53189

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: INC.A.59929

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City State Zip Code  
NEW ROCHELLE NY 10804

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: INC.A.59734

Amount of Each Receipt this Period

192.31

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

367.31

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 73  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City 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 ▼  
576.93

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

Transaction ID: INC.A.59860

Amount of Each Receipt this Period  
192.31

**B.**

Full Name (Last, First, Middle Initial)  
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

Transaction ID: INC.A.59687

Amount of Each Receipt this Period  
50.00

**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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2009

Transaction ID: INC.A.59668

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **342.31**

**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 67 / 73
	(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 TIMOTHY WENTWORTH		Date of Receipt
Mailing Address 309 WATERVIEW DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code FRANKLIN LAKES NJ 07417		<input type="text"/> 0 1 / <input type="text"/> 3 1 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.59569
Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 192.31
Aggregate Year-to-Date ▼ <input type="text"/> 576.93		

**B.**

Full Name (Last, First, Middle Initial) MR KENNETH WERMES		Date of Receipt
Mailing Address 26037 N WRANGLER RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code SCOTTSDALE AZ 85255		<input type="text"/> 0 1 / <input type="text"/> 3 1 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.59658
Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 75.00
Aggregate Year-to-Date ▼ <input type="text"/> 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 267.31
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 26133.10

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 68 / 73	
	(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 checked="" 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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) SCOTT BRINKMAN FOR STATE HOUSE		Date of Receipt																					
	Mailing Address 6001 TWO SPRINGS LANE		<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>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	3		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> INC.A.58372																				
	Louisville	KY	40207	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer		Occupation																						
Receipt For: 2008		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			500.00																					
<input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: EXP.B.58375 Date of Disbursement
	Mailing Address 430 SOUTH CAPITOL ST. SE, 2ND FLOOR	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: EXP.B.58376 Date of Disbursement
	Mailing Address 120 MARYLAND AVE. NE	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC - MC PAC	Transaction ID: EXP.B.58380 Date of Disbursement
	Mailing Address P.O. BOX 10134	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City BAKERSFIELD State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name MAJORITY COMMITTEE PAC - MC PAC	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: EXP.B.58374 Date of Disbursement
	Mailing Address 320 FIRST ST.	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	<input type="text" value="011"/> Category/Type
	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) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: EXP.B.58373 Date of Disbursement
	Mailing Address 425 SECOND ST. NE	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	<input type="text" value="011"/> Category/Type
	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) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: EXP.B.58378 Date of Disbursement
	Mailing Address 2021 E. DUBLIN GRANVILLE RD., STE.	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City COLUMBUS State OH Zip Code 43229	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 12	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="32000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
WHITFIELD FOR CONGRESS COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Transaction ID: EXP.B.58379

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
TOMMY THOMPSON FOR STATE HOUSE

Mailing Address POST OFFICE BOX 458

City Owensboro State KY Zip Code 42302

Purpose of Disbursement  
VOIDED CHECK; ISSUED IN PRIOR PERIOD

011  
Category/  
Type

Candidate Name  
TOMMY THOMPSON FOR STATE HOUSE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District:

Transaction ID: EXP.B.57834

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional) ▶

-500.00

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

-500.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 747.79		Transaction ID: PAY:D:58369	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 747.79	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 0.00		Transaction ID: PAY:D:59971	
Amount Incurred This Period 818.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 818.82	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	1566.61
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	1566.61
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	1566.61