

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 (12S)
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 2011 through 01 31 2011

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 02 15 2011

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									
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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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		612789.94
(b) Cash on Hand at Beginning of Reporting Period	612789.94	
(c) Total Receipts (from Line 19)	84046.04	84046.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	696835.98	696835.98
7. Total Disbursements (from Line 31)	89173.13	89173.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	607662.85	607662.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	574.75	

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: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	28672.69	28672.69
(ii) Unitemized	55349.10	55349.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	84021.79	84021.79
(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)	84021.79	84021.79
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	24.25	24.25
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))	84046.04	84046.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	84046.04	84046.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2173.13	2173.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2173.13	2173.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	85000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2000.00	2000.00
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))..	89173.13	89173.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89173.13	89173.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	84021.79	84021.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84021.79	84021.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2173.13	2173.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2173.13	2173.13

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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 452 MEDWAY ROAD	Transaction ID: INCA93043
	City State Zip Code HIGHLAND HEIGHTS OH 44143	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

B.	Full Name (Last, First, Middle Initial) KEN BODMER	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address P.O. BOX 381947	Transaction ID: INCA92794
	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 COO - ACCREDITO HEALTH GROUP INC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

C.	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 5259 FISHERCREST LN	Transaction ID: INCA92840
	City State Zip Code RICHMOND VA 23231	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	584.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 79
(check only one)

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

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

A.

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

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code
COATESVILLE PA 19320

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92820

Amount of Each Receipt this Period 85.00

B.

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

Mailing Address 119 WASHINGTON AVENUE

City State Zip Code
CHATHAM NJ 07928

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92774

Amount of Each Receipt this Period 192.31

C.

Full Name (Last, First, Middle Initial)
MRS BARBARA COSGRIFF

Mailing Address 2045 MAYFAIR MCLEAN COURT

City State Zip Code
FALLS CHURCH VA 22043

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PUBLIC POL&EXTRNL AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA93023

Amount of Each Receipt this Period 195.00

SUBTOTAL of Receipts This Page (optional)	472.31
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 8 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN		Date of Receipt MM / DD / YYYY 01 / 01 / 2011		
	Mailing Address 25 FAIRWAY TRAIL		Transaction ID: INCA92644		
	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.	Full Name (Last, First, Middle Initial) MS MARY DASCHNER		Date of Receipt MM / DD / YYYY 01 / 01 / 2011		
	Mailing Address 2926 EWING AVE S		Transaction ID: INCA92603		
	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			

C.	Full Name (Last, First, Middle Initial) MR BARRY DAVIS		Date of Receipt MM / DD / YYYY 01 / 01 / 2011		
	Mailing Address 11 WEISS DR		Transaction ID: INCA92833		
	City TOWACO	State NJ	Zip Code 07082	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00			

SUBTOTAL of Receipts This Page (optional)	▶	576.61
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: (check only one)	PAGE 9 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 41ELM ST APT 3P	Transaction ID: INCA92917
	City MORRISTOWN 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.	Full Name (Last, First, Middle Initial) MR DANA DUNCAN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 125 COMSTOCK TRAIL	Transaction ID: INCA92697
	City EAST HAMPTON State CT Zip Code 06424	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 255.00	

C.	Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 75 TWEED BLVD	Transaction ID: INCA92421
	City UPPER GRANDVIEW State NY Zip Code 10960	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation CMO SVP MEDICAL&ANLYTC AFFRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 576.93	

SUBTOTAL of Receipts This Page (optional)	469.61
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 10 / 79
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MR THOMAS FEITEL</p> <p>Mailing Address 58 APPLE HILL DR</p> <p>City State Zip Code GILLETTE NJ 07933</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 576.69</p>	<p>Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2011</p> <p>Transaction ID: INCA92681</p> <p>Amount of Each Receipt this Period 192.23</p>
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<p>B. Full Name (Last, First, Middle Initial) MR JOSEPH FREND0</p> <p>Mailing Address 9 GREEN HILL TRAIL</p> <p>City State Zip Code TROPHY CLUB TX 76262</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2011</p> <p>Transaction ID: INCA92749</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) MR TRACY FURGIUELE</p> <p>Mailing Address 7773 TILLINGHAST DRIVE</p> <p>City State Zip Code DUBLIN OH 43017</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2011</p> <p>Transaction ID: INCA92823</p> <p>Amount of Each Receipt this Period 150.00</p>
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SUBTOTAL of Receipts This Page (optional)	442.23
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 79
(check only one)

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

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

A.

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

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMA STRAT & SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92889

Amount of Each Receipt this Period
192.31

B.

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

Mailing Address 25 BALLYMEADE ROAD

City State Zip Code
HOPEWELL JUNCTION NY 12533

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92921

Amount of Each Receipt this Period
192.31

C.

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

Mailing Address 4110 N. WESTERN AVE
UNIT 2S

City State Zip Code
CHICAGO IL 60618

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
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92994

Amount of Each Receipt this Period
75.00

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 / 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 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
0 1 / 0 1 / 2 0 1 1

Transaction ID: INCA92882

Amount of Each Receipt this Period

192.31

B.

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

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code
MEDINA MN 55340

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES UHG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt

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

Transaction ID: INCA92422

Amount of Each Receipt this Period

192.30

C.

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

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BIAC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: INCA92439

Amount of Each Receipt this Period

90.00

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 / 79
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 / 01 / 2011

Transaction ID: INCA92419

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92498

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 16 LUTH TERRACE

City State Zip Code
WEST ORANGE NJ 07052

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92732

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional) ► **509.31**

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 14 / 79

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK		Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 5 SUNCLIFF DR		Transaction ID: INCA92756
	City TARRYTOWN	State NY	Zip Code 10591
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INTERVENTION DELIVERY SYST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

B.	Full Name (Last, First, Middle Initial) MR BERNARD HUKILL		Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 17219 CLOVIS		Transaction ID: INCA92782
	City HELOTES	State TX	Zip Code 78023
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM OPS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) MRS REGINA JONES		Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address POST OFFICE BOX 38342		Transaction ID: INCA92600
	City GERMANTOWN	State TN	Zip Code 38183
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer ACCREDO HEALTH GROUP	Occupation VP CUST SVC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 79
(check only one)

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

A.

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92908

Amount of Each Receipt this Period
192.30

B.

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

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP MEMBER SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92824

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 18 LADIK PL

City State Zip Code
MONTVALE NJ 07645

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92761

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ **467.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 1100 KIMBERLY COURT	Transaction ID: INCA92718
	City State Zip Code ROSEVILLE CA 95661	Amount of Each Receipt this Period 100.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MR KENNETH MALLEY	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 764 W. SADDLE RIVER ROAD	Transaction ID: INCA92602
	City State Zip Code HO HO KUS NJ 07423	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

C.	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 11825 SHEPPARDS CROSSING	Transaction ID: INCA92580
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

SUBTOTAL of Receipts This Page (optional)	484.30
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 17 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR JEFFREY MAY	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 137 WASHINGTON AVE	Transaction ID: INCA92812
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMA STRAT & SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

B.	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 87 ROSELAWN RD	Transaction ID: INCA92717
	City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

C.	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 112 GREEN TERRACE WAY	Transaction ID: INCA92867
	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	

SUBTOTAL of Receipts This Page (optional)	576.61
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 18 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 86 WELLINGTON AVENUE	Transaction ID: INCA92425
	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.	Full Name (Last, First, Middle Initial) JIMMY PERREN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 1250 BRAY PARK DR EAST	Transaction ID: INCA93050
	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 ACCREDO 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	

C.	Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 29 BLACKWELL AVE	Transaction ID: INCA92438
	City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

SUBTOTAL of Receipts This Page (optional)	459.30
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 / 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP HR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

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

Transaction ID: INCA92687

Amount of Each Receipt this Period

192.30

B.

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF OF OPERATIONS

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 / 0 1 / 2 0 1 1

Transaction ID: INCA92891

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)
MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR REGULATORY

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 / 0 1 / 2 0 1 1

Transaction ID: INCA92476

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

459.61

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: (check only one)	PAGE 20 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 412 RIVER MEWS LANE	Transaction ID: INCA92913
	City State Zip Code EDGEWATER NJ 07020	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 855 CLUB MOSS CT.	Transaction ID: INCA92593
	City State Zip Code MARIETTA GA 30068	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	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	

C.	Full Name (Last, First, Middle Initial) MR RICHARD RUBINO	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 3 APACHE DRIVE	Transaction ID: INCA92799
	City State Zip Code OAKLAND NJ 07436	Amount of Each Receipt this Period 193.00
	FEC ID number of contributing federal political committee. C	
	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	

SUBTOTAL of Receipts This Page (optional)	455.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS MARY RYAN		Date of Receipt MM / DD / YYYY 01 / 01 / 2011		
	Mailing Address 456 RICHMOND AVENUE		Transaction ID: INCA92792		
	City MAPLEWOOD	State NJ	Zip Code 07040	Amount of Each Receipt this Period 78.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation 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.	Full Name (Last, First, Middle Initial) BRUCE SCOTT		Date of Receipt MM / DD / YYYY 01 / 01 / 2011		
	Mailing Address 18650 BEARPATH TRAIL		Transaction ID: INCA93015		
	City EDEN PRAIRIE	State MN	Zip Code 55347	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation PRESIDENT			
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 FRANK SHEEHY		Date of Receipt MM / DD / YYYY 01 / 01 / 2011		
	Mailing Address 550 KNOLLWOOD ROAD		Transaction ID: INCA92538		
	City RIDGEWOOD	State NJ	Zip Code 07450	Amount of Each Receipt this Period 192.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00			

SUBTOTAL of Receipts This Page (optional)	462.65
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 22 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 23 CEDAR GATE ROAD	Transaction ID: INCA92900
	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.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 7 FOREST LAKE DR	Transaction ID: INCA92800
	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	

C.	Full Name (Last, First, Middle Initial) DR GLEN STETTIN	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 8 MILL GLEN CT	Transaction ID: INCA92884
	City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF MEDICAL OFFICER	
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)	576.93
TOTAL This Period (last page this line 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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS MARY THORSBY	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 17326 ELLEN DR	Transaction ID: INCA92613
	City State Zip Code LIVONIA MI 48152	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR 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.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 713 INDIAN CREEK RD	Transaction ID: INCA92720
	City State Zip Code AMHERST VA 24521	Amount of Each Receipt this Period 120.00
	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 ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA	Date of Receipt MM / DD / YYYY 01 / 01 / 2011
	Mailing Address 35507 N VIA TRAMONTO	Transaction ID: INCA93047
	City State Zip Code PHOENIX AZ 85086	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

SUBTOTAL of Receipts This Page (optional)	387.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 450 BEECHMONT DR

City 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
0 1 / 0 1 / 2 0 1 1

Transaction ID: INCA92775

Amount of Each Receipt this Period

192.31

B.

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

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code
DALLAS TX 75206

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

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

Date of Receipt

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

Transaction ID: INCA92924

Amount of Each Receipt this Period

192.31

C.

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

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: INCA92728

Amount of Each Receipt this Period

50.00

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 25 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS 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 / 01 / 2011

Transaction ID: INCA92699

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 309 WATERVIEW DR

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92567

Amount of Each Receipt this Period
192.31

C.

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2011

Transaction ID: INCA92685

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **392.31**

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 26 / 79

(check only one)

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

MARY JANE WISEMAN

Mailing Address 33 KNOLL ROAD

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP NURSING SVCS

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 / 0 1 / 2 0 1 1

Transaction ID: INCA93081

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 1

Transaction ID: INCA93446

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

MR BERNARD HUKILL

Mailing Address 17219 CLOVIS

City State Zip Code
HELOTES TX 78023

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 1 1

Transaction ID: INCA93479

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt
	Mailing Address 5 APPLE ORCHARD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 8 / 2 0 1 1
	City	State	Zip Code
	MOORESTOWN	NJ	08057
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	Transaction ID: INCA93425
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"/> 250.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE		Date of Receipt
	Mailing Address 452 MEDWAY ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	HIGHLAND HEIGHTS	OH	44143
	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	Transaction ID: INCA93738
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"/> 576.00	<input type="text"/> 192.00

C.	Full Name (Last, First, Middle Initial) KEN BODMER		Date of Receipt
	Mailing Address P.O. BOX 381947		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	GERMANTOWN	TN	38183
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACCREDO HEALTH GROUP		Occupation COO - ACCREDO HEALTH GROUP INC	Transaction ID: INCA93491
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"/> 576.00	<input type="text"/> 192.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 434.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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		Date of Receipt
	Mailing Address 5259 FISHERCREST LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	RICHMOND	VA	23231
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93537
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY CONSULTING	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 ▼ 600.00	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM		Date of Receipt
	Mailing Address 210 FROG HOLLOW ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	COATESVILLE	PA	19320
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93517
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO & PROCESS ENGINEERING	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 ▼ 255.00	<input type="text"/> 85.00

C.	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI		Date of Receipt
	Mailing Address 119 WASHINGTON AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	CHATHAM	NJ	07928
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93472
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER	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 ▼ 576.93	<input type="text"/> 192.31

SUBTOTAL of Receipts This Page (optional)	477.31
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 29 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
MRS BARBARA COSGRIFF

Mailing Address 2045 MAYFAIR MCLEAN COURT

City State Zip Code
FALLS CHURCH VA 22043

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PUBLIC POL&EXTRNL AFFAIRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.00

Date of Receipt

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

Transaction ID: INCA93718

Amount of Each Receipt this Period

195.00

B.

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMACY NETWORK MGMT

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

Date of Receipt

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

Transaction ID: INCA93341

Amount of Each Receipt this Period

192.31

C.

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

Mailing Address 2926 EWING AVE S

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP PRES RETIREE SOLUTIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt

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

Transaction ID: INCA93300

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional) ▶

579.61

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 30 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR BARRY DAVIS		Date of Receipt
	Mailing Address 11 WEISS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	TOWACO	NJ	07082
	FEC ID number of contributing federal political committee.		Transaction ID: INCA93530
		Amount of Each Receipt this Period	
		<input type="text"/> 192.00	
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 ▼	
		<input type="text"/> 576.00	

B.	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE		Date of Receipt
	Mailing Address 41ELM ST APT 3P		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	MORRISTOWN	NJ	07960
	FEC ID number of contributing federal political committee.		Transaction ID: INCA93614
		Amount of Each Receipt this Period	
		<input type="text"/> 192.30	
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 ▼	
		<input type="text"/> 576.90	

C.	Full Name (Last, First, Middle Initial) MR DANA DUNCAN		Date of Receipt
	Mailing Address 125 COMSTOCK TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	EAST HAMPTON	CT	06424
	FEC ID number of contributing federal political committee.		Transaction ID: INCA93394
		Amount of Each Receipt this Period	
		<input type="text"/> 85.00	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 255.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 469.30
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 79

(check only one)

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

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

A.

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

Mailing Address 75 TWEED BLVD

City State Zip Code
UPPER GRANDVIEW NY 10960

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CMO SVP MEDICAL&ANLYTC AFFRS

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

Date of Receipt

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

Transaction ID: INCA93118

Amount of Each Receipt this Period

192.31

B.

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

Mailing Address 58 APPLE HILL DR

City State Zip Code
GILLETTE NJ 07933

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 576.69

Date of Receipt

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

Transaction ID: INCA93378

Amount of Each Receipt this Period

192.23

C.

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: INCA93447

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

484.54

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 32 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR TRACY FURGIUELE

Mailing Address 7773 TILLINGHAST DRIVE

City State Zip Code
DUBLIN OH 43017

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93520

Amount of Each Receipt this Period
150.00

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

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMA STRAT & SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93586

Amount of Each Receipt this Period
192.31

C. 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
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93618

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **534.62**

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 33 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4110 N. WESTERN AVE
UNIT 2S

City State Zip Code
CHICAGO IL 60618

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
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93690

Amount of Each Receipt this Period
75.00

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **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
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93579

Amount of Each Receipt this Period
192.31

C. 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 / 15 / 2011

Transaction ID: INCA93119

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ▶ **459.61**

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 34 / 79
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 GUIOR

Mailing Address 50 BELLEVUE AVE

City State Zip Code
SUMMIT NJ 07901

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP BIAC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93136

Amount of Each Receipt this Period
90.00

B.

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 / 15 / 2011

Transaction ID: INCA93116

Amount of Each Receipt this Period
192.31

C.

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

Mailing Address 23 VALLEY RD

City State Zip Code
SUCCASUNNA NJ 07876

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93196

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **407.31**

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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 16 LUTH TERRACE	Transaction ID: INCA93430
	City State Zip Code WEST ORANGE NJ 07052	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACY OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 5 SUNCLIFF DR	Transaction ID: INCA93454
	City State Zip Code TARRYTOWN NY 10591	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) MR BERNARD HUKILL	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 17219 CLOVIS	Transaction ID: INCA93480
	City State Zip Code HELOTES TX 78023	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	322.00
TOTAL This Period (last page this line number 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 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
MRS REGINA JONES

Mailing Address POST OFFICE BOX 38342

City State Zip Code
GERMANTOWN TN 38183

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP CUST SVC

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 / 1 5 / 2 0 1 1

Transaction ID: INCA93297

Amount of Each Receipt this Period

75.00

B.

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt

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

Transaction ID: INCA93605

Amount of Each Receipt this Period

192.30

C.

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

Mailing Address 2735 YORK RD

City State Zip Code
COLUMBUS OH 43221

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP MEMBER SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: INCA93521

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

467.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR MARK LANDY	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 18 LADIK PL	Transaction ID: INCA93459
	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.	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 1100 KIMBERLY COURT	Transaction ID: INCA93416
	City State Zip Code ROSEVILLE CA 95661	Amount of Each Receipt this Period 100.00
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH MALLEY	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 764 W. SADDLE RIVER ROAD	Transaction ID: INCA93299
	City State Zip Code HO HO KUS NJ 07423	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

SUBTOTAL of Receipts This Page (optional)	▶	367.00
TOTAL This Period (last page this line number 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 / 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
CLARKSVILLE MD 21029

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

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

Transaction ID: INCA93277

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
HILLSDALE NJ 07642

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMA STRAT & SOLUTIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt

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

Transaction ID: INCA93509

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
HIGHLAND MILLS NY 10930

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL

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

Date of Receipt

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

Transaction ID: INCA93415

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional) ▶

576.60

TOTAL This Period (last page this line 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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 112 GREEN TERRACE WAY	Transaction ID: INCA93564
	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.	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 86 WELLINGTON AVENUE	Transaction ID: INCA93122
	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	

C.	Full Name (Last, First, Middle Initial) JIMMY PERREN	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 1250 BRAY PARK DR EAST	Transaction ID: INCA93745
	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	

SUBTOTAL of Receipts This Page (optional)	459.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 40 / 79

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN		Date of Receipt MM / DD / YYYY 01 / 15 / 2011		
	Mailing Address 29 BLACKWELL AVE		Transaction ID: INCA93135		
	City MORRISTOWN	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 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.	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE		Date of Receipt MM / DD / YYYY 01 / 15 / 2011		
	Mailing Address 875 ALEXANDRIA CT		Transaction ID: INCA93384		
	City RAMSEY	State NJ	Zip Code 07446	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90			

C.	Full Name (Last, First, Middle Initial) MR MARK PROULX		Date of Receipt MM / DD / YYYY 01 / 15 / 2011		
	Mailing Address 20 BRANDY RIDGE ROAD		Transaction ID: INCA93588		
	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 CHIEF OF OPERATIONS			
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)

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 41 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<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 / 15 / 2011

Transaction ID: INCA93173

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 / 15 / 2011

Transaction ID: INCA93610

Amount of Each Receipt this Period
70.00

C.

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

Mailing Address 855 CLUB MOSS CT.

City State Zip Code
MARIETTA GA 30068

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 / 15 / 2011

Transaction ID: INCA93290

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 42 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF 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
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93496

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
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93489

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
ACCREDITO HEALTH GROUP PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 15 / 2011

Transaction ID: INCA93710

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 43 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY		Date of Receipt
	Mailing Address 550 KNOLLWOOD ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	RIDGEWOOD	NJ	07450
	FEC ID number of contributing federal political committee.		Transaction ID: INCA93235
		Amount of Each Receipt this Period	
		<input type="text"/> 192.00	
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 ▼	
		<input type="text"/> 576.00	

B.	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR		Date of Receipt
	Mailing Address 23 CEDAR GATE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	DARIEN	CT	06820
	FEC ID number of contributing federal political committee.		Transaction ID: INCA93597
		Amount of Each Receipt this Period	
		<input type="text"/> 192.31	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 576.93	

C.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN		Date of Receipt
	Mailing Address 7 FOREST LAKE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	WEST HARRISON	NY	10604
	FEC ID number of contributing federal political committee.		Transaction ID: INCA93497
		Amount of Each Receipt this Period	
		<input type="text"/> 192.31	
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 576.93	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 576.62
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DR GLEN STETTIN	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 8 MILL GLEN CT	Transaction ID: INCA93581
	City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

B.	Full Name (Last, First, Middle Initial) MS MARY THORSBY	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 17326 ELLEN DR	Transaction ID: INCA93310
	City State Zip Code LIVONIA MI 48152	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER	Date of Receipt MM / DD / YYYY 01 / 15 / 2011
	Mailing Address 713 INDIAN CREEK RD	Transaction ID: INCA93418
	City State Zip Code AMHERST VA 24521	Amount of Each Receipt this Period 120.00
	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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	387.31
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 45 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA		Date of Receipt
	Mailing Address 35507 N VIA TRAMONTO		<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 5 / 2 0 1 1
	City	State	Zip Code
	PHOENIX	AZ	85086
	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	Transaction ID: INCA93742
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"/> 576.00	<input type="text"/> 192.00

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 5 / 2 0 1 1
	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	Transaction ID: INCA93473
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

C.	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE		Date of Receipt
	Mailing Address 5445 GOODWIN AVENUE		<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 5 / 2 0 1 1
	City	State	Zip Code
	DALLAS	TX	75206
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP SALES SEGMENT LEADER	Transaction ID: INCA93621
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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 576.62
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt
	Mailing Address 5 APPLE ORCHARD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	MOORESTOWN	NJ	08057
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93426
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	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"/> 250.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MRS KELLY WEBBER		Date of Receipt
	Mailing Address 107 UPPER SADDLE RIVER ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	MONTVALE	NJ	07645
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93396
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP CORP HR	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"/> 300.00	<input type="text"/> 100.00

C.	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 0 1 / 1 5 / 2 0 1 1
	City	State	Zip Code
	FRANKLIN LAKES	NJ	07417
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93264
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation 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) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 576.93	<input type="text"/> 192.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 342.31
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS 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
0 1 / 1 5 / 2 0 1 1

Transaction ID: INCA93382

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARY JANE WISEMAN

Mailing Address 33 KNOLL ROAD

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
ACCREDO HEALTH GROUP VP NURSING SVCS

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 / 1 5 / 2 0 1 1

Transaction ID: INCA93775

Amount of Each Receipt this Period
75.00

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: INCA94157

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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 BERNARD HUKILL		Date of Receipt
	Mailing Address 17219 CLOVIS		<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 / 2 2 / 2 0 1 1
	City	State	Zip Code
	HELOTES	TX	78023
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94190
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation DIR PHARM OPS	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 ▼ 250.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt
	Mailing Address 5 APPLE ORCHARD 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 / 2 2 / 2 0 1 1
	City	State	Zip Code
	MOORESTOWN	NJ	08057
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94136
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP/GM	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 ▼ 250.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE		Date of Receipt
	Mailing Address 452 MEDWAY ROAD		<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 / 2 9 / 2 0 1 1
	City	State	Zip Code
	HIGHLAND HEIGHTS	OH	44143
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94446
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 ▼ 576.00	<input type="text"/> 192.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 292.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 49 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KEN BODMER

Mailing Address P.O. BOX 381947

City State Zip Code
GERMANTOWN TN 38183

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

Name of Employer ACCREDO HEALTH GROUP Occupation COO - ACCREDO HEALTH GROUP INC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt: 01 / 29 / 2011
Transaction ID: INCA94202
Amount of Each Receipt this Period: 192.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code
RICHMOND VA 23231

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 01 / 29 / 2011
Transaction ID: INCA94248
Amount of Each Receipt this Period: 200.00

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

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code
COATESVILLE PA 19320

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 01 / 29 / 2011
Transaction ID: INCA94228
Amount of Each Receipt this Period: 85.00

SUBTOTAL of Receipts This Page (optional) ► 477.00

TOTAL This Period (last page this line 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 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 119 WASHINGTON AVENUE	Transaction ID: INCA94183
	City State Zip Code CHATHAM NJ 07928	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 & CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

B.	Full Name (Last, First, Middle Initial) MRS BARBARA COSGRIFF	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 2045 MAYFAIR MCLEAN COURT	Transaction ID: INCA94428
	City State Zip Code FALLS CHURCH VA 22043	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PUBLIC POL&EXTRNL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

C.	Full Name (Last, First, Middle Initial) MR STEPHEN COURTMAN	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 25 FAIRWAY TRAIL	Transaction ID: INCA94052
	City State Zip Code SPARTA NJ 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	

SUBTOTAL of Receipts This Page (optional)	579.62
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: (check only one)	PAGE 51 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS MARY DASCHNER	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 2926 EWING AVE S	Transaction ID: INCA94012
	City State Zip Code MINNEAPOLIS MN 55416	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS 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.	Full Name (Last, First, Middle Initial) MR BARRY DAVIS	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 11 WEISS DR	Transaction ID: INCA94241
	City State Zip Code TOWACO NJ 07082	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

C.	Full Name (Last, First, Middle Initial) MICHEL DUFRESNE	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 41 ELM ST APT 3P	Transaction ID: INCA94324
	City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS 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	

SUBTOTAL of Receipts This Page (optional)	576.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR DANA DUNCAN	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 125 COMSTOCK TRAIL	Transaction ID: INCA94105
	City State Zip Code EAST HAMPTON CT 06424	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.	Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 75 TWEED BLVD	Transaction ID: INCA93831
	City State Zip Code UPPER GRANDVIEW NY 10960	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CMO SVP MEDICAL&ANLYTC AFFRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

C.	Full Name (Last, First, Middle Initial) MR THOMAS FEITEL	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 58 APPLE HILL DR	Transaction ID: INCA94089
	City State Zip Code GILLETTE NJ 07933	Amount of Each Receipt this Period 192.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP CORP MKTG & E-COMM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.69	

SUBTOTAL of Receipts This Page (optional)	▶	469.54
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: PAGE 53 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code
TROPHY CLUB TX 76262

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP NATIONAL SERVICE CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2011

Transaction ID: INCA94158

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR TRACY FURGIUELE

Mailing Address 7773 TILLINGHAST DRIVE

City State Zip Code
DUBLIN OH 43017

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2011

Transaction ID: INCA94231

Amount of Each Receipt this Period
150.00

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

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS SVP PHARMA STRAT & SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 29 / 2011

Transaction ID: INCA94296

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **442.31**

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 54 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<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 HOPEWELL JUNCTION State NY Zip Code 12533

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt 01 / 29 / 2011
Transaction ID: INCA94328
Amount of Each Receipt this Period 192.31

B.

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

Mailing Address 4110 N. WESTERN AVE UNIT 2S

City CHICAGO State IL Zip Code 60618

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF CLINICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 29 / 2011
Transaction ID: INCA94400
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 SADDLE RIVER State NJ Zip Code 07458

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt 01 / 29 / 2011
Transaction ID: INCA94289
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: (check only one)	PAGE 55 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD		Date of Receipt
	Mailing Address 305 BERGAMOT DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	MEDINA	MN	55340
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation PRES UHG	Transaction ID: INCA93832
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"/> 576.90	<input type="text"/> 192.30

B.	Full Name (Last, First, Middle Initial) MR RICHARD GUIOR		Date of Receipt
	Mailing Address 50 BELLEVUE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	SUMMIT	NJ	07901
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP BIAC	Transaction ID: INCA93849
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"/> 270.00	<input type="text"/> 90.00

C.	Full Name (Last, First, Middle Initial) MR PETER HARTY		Date of Receipt
	Mailing Address 19520 YELLOW WING COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	COLORADO SPRINGS	CO	80908
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP GOVERNMENT AFFAIRS	Transaction ID: INCA93829
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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 474.61
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR SCOTT HELMUS	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 23 VALLEY RD	Transaction ID: INCA93908
	City State Zip Code SUCCASUNNA NJ 07876	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN HOBSON	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 16 LUTH TERRACE	Transaction ID: INCA94141
	City State Zip Code WEST ORANGE NJ 07052	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACY OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

C.	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 5 SUNCLIFF DR	Transaction ID: INCA94165
	City State Zip Code TARRYTOWN NY 10591	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	397.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 79
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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 BERNARD HUKILL

Mailing Address 17219 CLOVIS

City State Zip Code
HELOTES TX 78023

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: INCA94191

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS REGINA JONES

Mailing Address POST OFFICE BOX 38342

City State Zip Code
GERMANTOWN TN 38183

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP CUST SVC

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 / 2 9 / 2 0 1 1

Transaction ID: INCA94009

Amount of Each Receipt this Period
75.00

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

Mailing Address 295 GLEN PLACE

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

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

Transaction ID: INCA94315

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **317.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR MICHAEL KRZAN		Date of Receipt MM / DD / YYYY 01 / 29 / 2011		
	Mailing Address 2735 YORK RD		Transaction ID: INCA94232		
	City COLUMBUS	State OH	Zip Code 43221	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP MEMBER SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) MR MARK LANDY		Date of Receipt MM / DD / YYYY 01 / 29 / 2011		
	Mailing Address 18 LADIK PL		Transaction ID: INCA94170		
	City MONTVALE	State NJ	Zip Code 07645	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SVC DELIVERY SYSTEM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

C.	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER		Date of Receipt MM / DD / YYYY 01 / 29 / 2011		
	Mailing Address 1100 KIMBERLY COURT		Transaction ID: INCA94127		
	City ROSEVILLE	State CA	Zip Code 95661	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SR DIR GOVERNMENT AFFAIRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line 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 59 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR KENNETH MALLEY	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 764 W. SADDLE RIVER ROAD	Transaction ID: INCA94011
	City State Zip Code HO HO KUS NJ 07423	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

B.	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 11825 SHEPPARDS CROSSING	Transaction ID: INCA93989
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

C.	Full Name (Last, First, Middle Initial) MR JEFFREY MAY	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 137 WASHINGTON AVE	Transaction ID: INCA94220
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMA STRAT & SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

SUBTOTAL of Receipts This Page (optional)	576.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH		Date of Receipt
	Mailing Address 87 ROSELAWN RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	HIGHLAND MILLS	NY	10930
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94126
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation ASST GENERAL COUNSEL	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 ▼ 576.00	<input type="text"/> 192.00

B.	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt
	Mailing Address 112 GREEN TERRACE WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	WEST MILFORD	NJ	07480
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94274
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP BUSINESS OPS	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 ▼ 576.93	<input type="text"/> 192.31

C.	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY		Date of Receipt
	Mailing Address 86 WELLINGTON AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	SHORT HILLS	NJ	07078
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA93835
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation GENL C-SEC-SVP PHARM STRAT SOL	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 ▼ 576.00	<input type="text"/> 192.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 576.31
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 61 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

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

Name of Employer OCCUPATION
ACCREDO HEALTH GROUP VP REGULATORY COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2011

Transaction ID: INCA94453

Amount of Each Receipt this Period
75.00

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

Mailing Address 29 BLACKWELL AVE

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer 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 / 29 / 2011

Transaction ID: INCA93848

Amount of Each Receipt this Period
192.30

C. 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 / 29 / 2011

Transaction ID: INCA94095

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **459.60**

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

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

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

FOR LINE NUMBER: PAGE 62 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR MARK PROULX
 Mailing Address **20 BRANDY RIDGE ROAD**
 City **SPARTA** State **NJ** Zip Code **07871**
 Date of Receipt **01 / 29 / 2011**
Transaction ID: INCA94298
 Amount of Each Receipt this Period **192.31**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **CHIEF OF OPERATIONS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **576.93**

B. Full Name (Last, First, Middle Initial)
MS FRANCES RAO
 Mailing Address **19 ROSS ROAD**
 City **SCARSDALE** State **NY** Zip Code **10583**
 Date of Receipt **01 / 29 / 2011**
Transaction ID: INCA93885
 Amount of Each Receipt this Period **75.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR REGULATORY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **225.00**

C. Full Name (Last, First, Middle Initial)
MR JOSEPH REYNOLDS
 Mailing Address **412 RIVER MEWS LANE**
 City **EDGEWATER** State **NJ** Zip Code **07020**
 Date of Receipt **01 / 29 / 2011**
Transaction ID: INCA94320
 Amount of Each Receipt this Period **70.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR TECHNOLOGY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

SUBTOTAL of Receipts This Page (optional) ► **337.31**
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 63 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MR MICHAEL ROMANZO		Date of Receipt
	Mailing Address 855 CLUB MOSS CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	MARIETTA	GA	30068
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation PRESIDENT SYSTEMED	Transaction ID: INCA94002
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"/> 576.90	<input type="text"/> 192.30

B.	Full Name (Last, First, Middle Initial) MR RICHARD RUBINO		Date of Receipt
	Mailing Address 3 APACHE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	OAKLAND	NJ	07436
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP FINANCE & CHIEF FIN OFFCR	Transaction ID: INCA94207
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"/> 579.00	<input type="text"/> 193.00

C.	Full Name (Last, First, Middle Initial) MS MARY RYAN		Date of Receipt
	Mailing Address 456 RICHMOND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	MAPLEWOOD	NJ	07040
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP PHARMACY REGULATORY	Transaction ID: INCA94200
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"/> 235.02	<input type="text"/> 78.34

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 463.64
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) BRUCE SCOTT	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 18650 BEARPATH TRAIL	Transaction ID: INCA94420
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACCREDO HEALTH GROUP Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.93	

B.	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 550 KNOLLWOOD ROAD	Transaction ID: INCA93947
	City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.00	

C.	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 23 CEDAR GATE ROAD	Transaction ID: INCA94307
	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 MEDCO HEALTH SOLUTIONS Occupation CHAIRMAN & CEO 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)	576.62
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 65 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR CHRISTOPHER 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 / 29 / 2011

Transaction ID: INCA94208

Amount of Each Receipt this Period
192.31

B.

Full Name (Last, First, Middle Initial)
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code
UPPER SADDLE RIVER NJ 07458

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
MM / DD / YYYY
01 / 29 / 2011

Transaction ID: INCA94291

Amount of Each Receipt this Period
192.31

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 / 29 / 2011

Transaction ID: INCA94022

Amount of Each Receipt this Period
75.00

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: (check only one)	PAGE 66 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS CLAUDIA TUCKER		Date of Receipt
	Mailing Address 713 INDIAN CREEK RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	AMHERST	VA	24521
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94129
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SR DIR GOVERNMENT AFFAIRS	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 ▼ 360.00	<input type="text"/> 120.00

B.	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA		Date of Receipt
	Mailing Address 35507 N VIA TRAMONTO		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	PHOENIX	AZ	85086
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94450
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 ▼ 576.00	<input type="text"/> 192.00

C.	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN		Date of Receipt
	Mailing Address 450 BEECHMONT DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 9 / 2 0 1 1
	City	State	Zip Code
	NEW ROCHELLE	NY	10804
	FEC ID number of contributing federal political committee. C		Transaction ID: INCA94184
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP REGULATORY & MC PROGRAMS	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 ▼ 576.93	<input type="text"/> 192.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 504.31
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 5445 GOODWIN AVENUE	Transaction ID: INCA94331
	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.	Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 5 APPLE ORCHARD RD	Transaction ID: INCA94137
	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	

C.	Full Name (Last, First, Middle Initial) MRS KELLY WEBBER	Date of Receipt MM / DD / YYYY 01 / 29 / 2011
	Mailing Address 107 UPPER SADDLE RIVER ROAD	Transaction ID: INCA94107
	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	

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 68 / 79

(check only one)

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

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

A.

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

Mailing Address 309 WATERVIEW DR

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP

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 / 2 9 / 2 0 1 1

Transaction ID: INCA93976

Amount of Each Receipt this Period

192.31

B.

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer 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
0 1 / 2 9 / 2 0 1 1

Transaction ID: INCA94093

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MARY JANE WISEMAN

Mailing Address 33 KNOLL ROAD

City State Zip Code
WAYNE NJ 07470

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

Name of Employer Occupation
ACCREDITO HEALTH GROUP VP NURSING SVCS

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 / 2 9 / 2 0 1 1

Transaction ID: INCA94483

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

367.31

TOTAL This Period (last page this line number only)

28672.69

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP	Transaction ID: EXPB93801 Date of Disbursement 01 / 31 / 2011	
	Mailing Address 1415 L STREET, STE. 1200		
	City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement LEGAL & ACCOUNTING SERVICES Candidate Name	Amount of Each Disbursement this Period 166.50	001 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) NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP	Transaction ID: EXPB93809 Date of Disbursement 01 / 31 / 2011	
	Mailing Address 1415 L STREET, STE. 1200		
	City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement LEGAL & ACCOUNTING SERVICES Candidate Name	Amount of Each Disbursement this Period 86.00	001 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) NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP	Transaction ID: EXPB93811 Date of Disbursement 01 / 31 / 2011	
	Mailing Address 1415 L STREET, STE. 1200		
	City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement LEGAL & ACCOUNTING SERVICES Candidate Name	Amount of Each Disbursement this Period 42.00	001 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) ▶

294.50

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

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

A. Full Name (Last, First, Middle Initial) NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP <hr/> Mailing Address 1415 L STREET, STE. 1200 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement LEGAL & ACCOUNTING SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB93805 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 104.50
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP <hr/> Mailing Address 1415 L STREET, STE. 1200 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement LEGAL & ACCOUNTING SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB93803 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1055.63
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP <hr/> Mailing Address 1415 L STREET, STE. 1200 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement LEGAL & ACCOUNTING SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB93807 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 71.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1231.13

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 / 79

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP

Mailing Address 1415 L STREET, STE. 1200

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
LEGAL & ACCOUNTING SERVICES

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXPB93813

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

647.50

SUBTOTAL of Disbursements This Page (optional)

647.50

TOTAL This Period (last page this line number only)

2173.13

**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) CLEAVER FOR CONGRESS <hr/> Mailing Address 4801 MAIN STREET, STUITE 1000 <hr/> City KANSAS CITY State MO Zip Code 64112 <hr/> Purpose of Disbursement <hr/> Candidate Name EMANUEL CLEAVER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB92409 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Mailing Address 430 SOUTH CAPITOL ST. SE, 2ND FLOO <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name POLITICAL PARTY COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB92410 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE <hr/> Mailing Address 120 MARYLAND AVE. NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name POLITICAL PARTY COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXPB92411 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	31000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee 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) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: EXPB92412 Date of Disbursement
	Mailing Address 320 FIRST ST.	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name POLITICAL PARTY 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: EXPB92413 Date of Disbursement
	Mailing Address 425 SECOND ST. NE	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name POLITICAL PARTY 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) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION PAC (PCMA)	Transaction ID: EXPB92415 Date of Disbursement
	Mailing Address 601 PENNSYLVANIA AVE. NW, STE. 740	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name GENERAL PURPOSE 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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="35000.00"/>
TOTAL 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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE</p> <p>Mailing Address 310 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name POLITICAL PARTY COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: EXPB92414 Date of Disbursement 01 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS</p> <p>Mailing Address PO BOX 775</p> <p>City UNIONVILLE State PA Zip Code 19375</p> <p>Purpose of Disbursement</p> <p>Candidate Name JOSEPH R. PITTS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p>	<p>Transaction ID: EXPB93111 Date of Disbursement 01 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2931 EAST DUBLIN GRANVILLE ROAD, S</p> <p>City COLUMBUS State OH Zip Code 43231</p> <p>Purpose of Disbursement</p> <p>Candidate Name PATRICK JOSEPH TIBERI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p>	<p>Transaction ID: EXPB93110 Date of Disbursement 01 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

19000.00

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

85000.00

**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)

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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)

BEV PERDUE COMMITTEE

Mailing Address PO BOX 12086

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: House
 Senate
 President

State: NC District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: EXPB93112

Date of Disbursement

01 / 23 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

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)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAYD87234	
166.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	166.50	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAYD89530	
1055.63			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1055.63	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAYD90974	
71.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	71.00	0.00	

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

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)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAYD90965	
104.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	104.50	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAYD90975	
86.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	86.00	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP			Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200			
City	State	ZIP Code	
SACRAMENTO	CA	95814	

Outstanding Balance Beginning This Period		Transaction ID: PAYD93108	
42.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	42.00	0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 / 79
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP	Nature of Debt (Purpose): LEGAL & ACCOUNTING SERVICES
Mailing Address 1415 L STREET, STE. 1200	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 647.50	Transaction ID: PAYD93109	
Amount Incurred This Period 0.00	Payment This Period 647.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP	Nature of Debt (Purpose):
Mailing Address 1415 L STREET, STE. 1200	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAYD94511	
Amount Incurred This Period 574.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 574.75

1) SUBTOTALS This Period This Page (optional).....	574.75
2) TOTALS This Period (last page this line number only).....	574.75
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	574.75

B. Form/Schedule : **SD10**

PAYMENT FOR INVOICE #122195; CLIENT #6587.11

Transaction ID : **PAYD94511**