

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) 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)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 / / through / /

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 Jason D. Kaune [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		552435.89
(b) Cash on Hand at Beginning of Reporting Period.....	495920.99	
(c) Total Receipts (from Line 19)	43024.60	88640.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	538945.59	641076.07
7. Total Disbursements (from Line 31).....	187269.00	289399.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	351676.59	351676.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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).....	15807.39	29013.91
(ii) Unitemized	27195.22	59579.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43002.61	88593.68
(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)	43002.61	88593.68
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.).....	21.99	46.50
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 Transfers (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))..... ▶	43024.60	88640.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43024.60	88640.18

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	19.00	149.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19.00	149.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	179500.00	279500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	7750.00	9750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	187269.00	289399.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	187269.00	289399.48

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43002.61	88593.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43002.61	88593.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19.00	149.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19.00	149.48

**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 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MR DAVID BAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 ADONIS AVE
 City HENDERSON State NV Zip Code 89074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation MGR BENEFIT DELIVERY SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 02 / 02 / 2012
Transaction ID : INCA111504
 Amount of Each Receipt this Period
 58.00

B. KEN BODMER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 735
 City PINE BROOK State NJ Zip Code 07058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 02 / 02 / 2012
Transaction ID : INCA111430
 Amount of Each Receipt this Period
 192.00

C. MS PATRICIA BRANUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 FROG HOLLOW ROAD
 City COATESVILLE State PA Zip Code 19320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO & PROCESS ENGINEERING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 02 / 02 / 2012
Transaction ID : INCA111449
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.00
TOTAL This Period (last page this line number 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 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR GABRIEL CAPPUCCI
 Full Name (Last, First, Middle Initial)
 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
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111412
 Amount of Each Receipt this Period
 192.31

B. MR STEPHEN COURTMAN
 Full Name (Last, First, Middle Initial)
 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 ▼
 769.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111307
 Amount of Each Receipt this Period
 192.31

C. MS MARY DASCHNER
 Full Name (Last, First, Middle Initial)
 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 ▼
 769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111275
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.92
TOTAL This Period (last page this line 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 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR CARLTON DEBRULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 OAKLAND DR
 City MONTVALE State NJ Zip Code 07645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111460
 Amount of Each Receipt this Period
 55.00

B. MICHEL DUFRESNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 COLUMBUS AVE APT PHN
 City NEW YORK State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENTERPRISE BUS INTELLIGENCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111525
 Amount of Each Receipt this Period
 192.30

C. MR DANA DUNCAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 COMSTOCK TRAIL
 City EAST HAMPTON State CT Zip Code 06424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111350
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 472.30
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 9 OF 66
	<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)

Full Name (Last, First, Middle Initial) A. DR ROBERT EPSTEIN		Date of Receipt
Mailing Address 75 TWEED BLVD		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
UPPER GRANDVIEW	NY	10960
FEC ID number of contributing federal political committee.	Transaction ID : INCA11131	
C	Amount of Each Receipt this Period	
	192.31	
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	CMO SVP MEDICAL&ANLYTC AFFRS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	769.24	

Full Name (Last, First, Middle Initial) B. MR THOMAS FEITEL		Date of Receipt
Mailing Address 58 APPLE HILL DR		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
GILLETTE	NJ	07933
FEC ID number of contributing federal political committee.	Transaction ID : INCA111334	
C	Amount of Each Receipt this Period	
	192.23	
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP IMAGINEERING & INNOVATION	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	768.92	

Full Name (Last, First, Middle Initial) C. FORREST FERRARI		Date of Receipt
Mailing Address 1170 SW LIGHTHOUSE DR		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
PALM CITY	FL	34990
FEC ID number of contributing federal political committee.	Transaction ID : INCA111688	
C	Amount of Each Receipt this Period	
	60.00	
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SR DIR PRODUCT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	240.00	

SUBTOTAL of Receipts This Page (optional).....▶	444.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 66
	<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)

Full Name (Last, First, Middle Initial) A. MR JOSEPH FREND0		Date of Receipt
Mailing Address 9 GREEN HILL TRAIL		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
TROPHY CLUB	TX	76262
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111393
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP NATIONAL SERVICE CENTER	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) B. MR TRACY FURGIUELE		Date of Receipt
Mailing Address 7773 TILLINGHAST DRIVE		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
DUBLIN	OH	43017
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111452
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP & CHIEF PHARMACIST	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. MR RICHARD GUIOR		Date of Receipt
Mailing Address 50 BELLEVUE AVE		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
SUMMIT	NJ	07901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111146
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP BIAC	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="340.00"/>
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 11 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR PETER HARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19520 YELLOW WING COURT
 City COLORADO SPRINGS State CO Zip Code 80908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111129
 Amount of Each Receipt this Period
 192.31

B. MR SCOTT HELMUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 VALLEY RD
 City SUCCASUNNA State NJ Zip Code 07876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111192
 Amount of Each Receipt this Period
 125.00

C. MR STEPHEN HOBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 LUTH TERRACE
 City WEST ORANGE State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111380
 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: (check only one)	PAGE 12 OF 66
	<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. MR STEPHEN HOLODAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 SUNCLIFF DR
 City TARRYTOWN State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INTERVENTION DELIVERY SYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111399
 Amount of Each Receipt this Period
 80.00

B. MR BERNARD HUKILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 FULLER DRIVE
 City BERGHEIM State TX Zip Code 78004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111421
 Amount of Each Receipt this Period
 50.00

C. MRS REGINA JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address POST OFFICE BOX 750995
 City LAS VEGAS State NV Zip Code 89136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP CUST SVC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111272
 Amount of Each Receipt this Period
 75.00

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: (check only one)	PAGE 13 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. JOAN KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 N SEWALL'S POINT ROAD
 City STUART State FL Zip Code 34996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PERSONAL HEALTH SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111639
 Amount of Each Receipt this Period
 192.25

B. KENNETH KLEPPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 GLEN PLACE
 City FRANKLIN LAKES State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation PRES & CHIEF OPERATING OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111516
 Amount of Each Receipt this Period
 192.30

C. MR MICHAEL KRZAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2735 YORK RD
 City COLUMBUS State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP MEMBER SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111453
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	584.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MR MARK LANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 LADIK PL
 City MONTVALE State NJ Zip Code 07645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CTO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111403
 Amount of Each Receipt this Period
 75.00

B. MS CYNTHIA LAUBACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 KIMBERLY COURT
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111368
 Amount of Each Receipt this Period
 100.00

C. MR ROSS LUCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1066 WEST GROVE CT
 City GIBSONIA State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111239
 Amount of Each Receipt this Period
 30.00

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: (check only one)	PAGE 15 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MR KENNETH MALLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 764 W. SADDLE RIVER ROAD
 City HO HO KUS State NJ Zip Code 07423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 02 / 02 / 2012
Transaction ID : INCA111274
 Amount of Each Receipt this Period 192.00

B. MR JEFFREY MAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 WASHINGTON AVE
 City HILLSDALE State NJ Zip Code 07642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMA STRAT & SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 02 / 2012
Transaction ID : INCA111442
 Amount of Each Receipt this Period 192.30

C. MS COLLEEN MCINTOSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 ROSELAWN RD
 City HIGHLAND MILLS State NY Zip Code 10930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & ASSOCIATE GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 02 / 2012
Transaction ID : INCA111367
 Amount of Each Receipt this Period 192.00

SUBTOTAL of Receipts This Page (optional).....▶	576.30
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 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR STEVEN MCNAMARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 GREEN TERRACE WAY
 City WEST MILFORD State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP BUSINESS OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111487
 Amount of Each Receipt this Period
 192.31

B. MR THOMAS MORIARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 LAKE ROAD
 City SHORT HILLS State NJ Zip Code 07078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENL C-SEC-SVP PHARM STRAT SOL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111134
 Amount of Each Receipt this Period
 192.00

C. JIMMY PERREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 BRAY PARK DR EAST
 City COLLIERVILLE State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP REGULATORY COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111651
 Amount of Each Receipt this Period
 75.00

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: (check only one)	PAGE 17 OF 66
	<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. MS KARIN PRINCIVALLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 LONG BOAT CLUB ROAD
 APARTMENT 1004S
 City LONG BOAT KEY State FL Zip Code 34228
 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 ▼ 769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111340
 Amount of Each Receipt this Period
 192.30

B. MR MARK PROULX
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRANDY RIDGE ROAD
 City SPARTA State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111502
 Amount of Each Receipt this Period
 192.31

C. MS FRANCES RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 ROSS ROAD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRIVACY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111172
 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 18 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. MR JOSEPH REYNOLDS		Date of Receipt MM / DD / YYYY 02 / 02 / 2012 Transaction ID : INCA111521
Mailing Address 9 BROWNSTONE WAY APT 202		Amount of Each Receipt this Period 70.00
City ENGLEWOOD	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP BUSINESS REQUIREMENTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. MR RICHARD RUBINO		Date of Receipt MM / DD / YYYY 02 / 02 / 2012 Transaction ID : INCA111433
Mailing Address 3 APACHE DRIVE		Amount of Each Receipt this Period 193.00
City OAKLAND	State NJ	Zip Code 07436
FEC ID number of contributing federal political committee. C	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCE & CHIEF FIN OFFCR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.00	

Full Name (Last, First, Middle Initial) C. MS MARY RYAN		Date of Receipt MM / DD / YYYY 02 / 02 / 2012 Transaction ID : INCA111429
Mailing Address 456 RICHMOND AVENUE		Amount of Each Receipt this Period 78.34
City MAPLEWOOD	State NJ	Zip Code 07040
FEC ID number of contributing federal political committee. C	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP PHARMACY REGULATORY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.36	

SUBTOTAL of Receipts This Page (optional).....▶	341.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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
 ACCREDO HEALTH GROUP PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111618
 Amount of Each Receipt this Period
 192.31

Full Name (Last, First, Middle Initial)
B. MR THOMAS SHANAHAN III
 Mailing Address 1767 FAIRMOUNT STREET
 City State Zip Code
 CARMEL IN 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS VP ONCOLOGY TRC OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111365
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. MR WILLIAM SHANNON III
 Mailing Address 711 BIRCHWOOD DRIVE
 City State Zip Code
 WESTBURY NY 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SVP & CHIEF PROCURE OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : INCA111644
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 414.31
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 20 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. MR FRANK SHEEHY		Date of Receipt
Mailing Address 550 KNOLLWOOD ROAD		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
RIDGEWOOD	NJ	07450
FEC ID number of contributing federal political committee.		Transaction ID : INCA111223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		192.00
Name of Employer	Occupation	
ACCREDO HEALTH GROUP	GROUP PRES SPEC PHARM SEGMENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	576.00	

Full Name (Last, First, Middle Initial) B. MR DAVID SNOW JR		Date of Receipt
Mailing Address 23 CEDAR GATE ROAD		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
DARIEN	CT	06820
FEC ID number of contributing federal political committee.		Transaction ID : INCA111509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		192.31
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	CHAIRMAN & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	769.24	

Full Name (Last, First, Middle Initial) C. MR CHRISTOPHER STATEN		Date of Receipt
Mailing Address 7 FOREST LAKE DR		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
WEST HARRISON	NY	10604
FEC ID number of contributing federal political committee.		Transaction ID : INCA111434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		192.31
Name of Employer	Occupation	
MEDCO HEALTH SOLUTIONS	SVP FINANCIAL & ANALYTICAL SVC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	769.24	

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: (check only one)	PAGE 21 OF 66
	<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. DR GLEN STETTIN
Full Name (Last, First, Middle Initial)

Mailing Address 8 MILL GLEN CT

City UPPER SADDLE RIVER State NJ Zip Code 07458

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : INCA111497

Amount of Each Receipt this Period
192.31

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

Mailing Address 17326 ELLEN DR

City LIVONIA State MI Zip Code 48152

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR NATL ACCT EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : INCA111280

Amount of Each Receipt this Period
100.00

C. MS CLAUDIA TUCKER
Full Name (Last, First, Middle Initial)

Mailing Address 713 INDIAN CREEK RD

City AMHERST State VA Zip Code 24521

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : INCA111370

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	412.31
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 22 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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)

Full Name (Last, First, Middle Initial) A. MR DANIEL WALDEN		Date of Receipt
Mailing Address 450 BEECHMONT DR		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
NEW ROCHELLE	NY	10804
FEC ID number of contributing federal political committee.	C	Transaction ID : INCA111413
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP REGULATORY & MC PROGRAMS	192.31
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	769.24	

Full Name (Last, First, Middle Initial) B. MR WILLIAM WALLACE		Date of Receipt
Mailing Address 5445 GOODWIN AVENUE		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
DALLAS	TX	75206
FEC ID number of contributing federal political committee.	C	Transaction ID : INCA111532
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP SALES SEGMENT LEADER	192.31
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	769.24	

Full Name (Last, First, Middle Initial) C. MR CALVIN WASDYKE		Date of Receipt
Mailing Address 5 APPLE ORCHARD RD		M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2012
City	State	Zip Code
MOORESTOWN	NJ	08057
FEC ID number of contributing federal political committee.	C	Transaction ID : INCA111376
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP/GM	50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	400.00	

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: (check only one)	PAGE 23 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR TIMOTHY WENTWORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 WATERVIEW DR
 City FRANKLIN LAKES State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES EMPLOYER GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 02 / 2012
Transaction ID : INCA111245
 Amount of Each Receipt this Period 192.31

B. MR KENNETH WERMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 26037 N WRANGLER RD
 City SCOTTSDALE State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 02 / 2012
Transaction ID : INCA111338
 Amount of Each Receipt this Period 200.00

C. MR DANIEL ZELEM JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 SPOOK ROCK RD.
 City SUFFERN State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF OF BUSINESS TECHNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 02 / 02 / 2012
Transaction ID : INCA111398
 Amount of Each Receipt this Period 192.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 584.81
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR JOSEPH FREND
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GREEN HILL TRAIL
 City TROPHY CLUB State TX Zip Code 76262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP NATIONAL SERVICE CENTER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : INCA111983
 Amount of Each Receipt this Period
100.00

B. MR BERNARD HUKILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 FULLER DRIVE
 City BERGHEIM State TX Zip Code 78004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM OPS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : INCA112010
 Amount of Each Receipt this Period
50.00

C. MR ROSS LUCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1066 WEST GROVE CT
 City GIBSONIA State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : INCA111837
 Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
	<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)

Full Name (Last, First, Middle Initial) A. MR THOMAS SHANAHAN III		Date of Receipt
Mailing Address 1767 FAIRMOUNT STREET		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
CARMEL	IN	46032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111955
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP ONCOLOGY TRC OPS	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. MR CALVIN WASDYKE		Date of Receipt
Mailing Address 5 APPLE ORCHARD RD		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
MOORESTOWN	NJ	08057
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111966
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	VP/GM	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. MR DAVID BAUGH		Date of Receipt
Mailing Address 1813 ADONIS AVE		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
HENDERSON	NV	89074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA112091
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	MGR BENEFIT DELIVERY SYSTEMS	<input type="text" value="58.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="232.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="138.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. KEN BODMER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 735
 City PINE BROOK State NJ Zip Code 07058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF FINANCIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112020
 Amount of Each Receipt this Period
 192.00

B. MS PATRICIA BRANUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 FROG HOLLOW ROAD
 City COATESVILLE State PA Zip Code 19320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INFO & PROCESS ENGINEERING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112039
 Amount of Each Receipt this Period
 85.00

C. MR STEPHEN COURTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 FAIRWAY TRAIL
 City SPARTA State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY NETWORK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111904
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional).....▶	469.31
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 27 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MS MARY DASCHNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2926 EWING AVE S
 City MINNEAPOLIS State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES RETIREE SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111873
 Amount of Each Receipt this Period
 192.30

B. MR CARLTON DEBRULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 OAKLAND DR
 City MONTVALE State NJ Zip Code 07645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112050
 Amount of Each Receipt this Period
 55.00

C. MICHEL DUFRESNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 COLUMBUS AVE APT PHN
 City NEW YORK State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ENTERPRISE BUS INTELLIGENCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112112
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional).....▶	439.60
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 28 OF 66
	<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. MR DANA DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 125 COMSTOCK TRAIL

City EAST HAMPTON State CT Zip Code 06424

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR DIR TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
MM / DD / YYYY
02 / 16 / 2012

Transaction ID : INCA111941

Amount of Each Receipt this Period
225.00

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

Mailing Address 75 TWEED BLVD

City UPPER GRANDVIEW State NY Zip Code 10960

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt
MM / DD / YYYY
02 / 16 / 2012

Transaction ID : INCA111735

Amount of Each Receipt this Period
192.31

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

Mailing Address 58 APPLE HILL DR

City GILLETTE State NJ Zip Code 07933

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP IMAGINEERING & INNOVATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.92**

Date of Receipt
MM / DD / YYYY
02 / 16 / 2012

Transaction ID : INCA111927

Amount of Each Receipt this Period
192.23

SUBTOTAL of Receipts This Page (optional).....▶	609.54
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 29 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. FORREST FERRARI
 Mailing Address 1170 SW LIGHTHOUSE DR
 City State Zip Code
 PALM CITY FL 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCO HEALTH SOLUTIONS SR DIR PRODUCT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112267
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111984
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112042
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
TOTAL This Period (last page this line 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 30 OF 66
	<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. MR RICHARD GUIOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 BELLEVUE AVE
 City SUMMIT State NJ Zip Code 07901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BIAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA111750
 Amount of Each Receipt this Period 90.00

B. MR PETER HARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19520 YELLOW WING COURT
 City COLORADO SPRINGS State CO Zip Code 80908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP GOVERNMENT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA111733
 Amount of Each Receipt this Period 192.31

C. MR SCOTT HELMUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 VALLEY RD
 City SUCCASUNNA State NJ Zip Code 07876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CLIENT SOLUTIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA111795
 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 31 OF 66
	<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. MR STEPHEN HOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 16 LUTH TERRACE

City WEST ORANGE State NJ Zip Code 07052

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PHARMACY OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : INCA111971

Amount of Each Receipt this Period
192.00

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

Mailing Address 5 SUNCLIFF DR

City TARRYTOWN State NY Zip Code 10591

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP INTERVENTION DELIVERY SYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : INCA111990

Amount of Each Receipt this Period
80.00

C. MR BERNARD HUKILL
Full Name (Last, First, Middle Initial)

Mailing Address 310 FULLER DRIVE

City BERGHEIM State TX Zip Code 78004

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2012

Transaction ID : INCA112011

Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 32 OF 66
	<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. MRS REGINA JONES
Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 750995

City LAS VEGAS State NV Zip Code 89136

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

Name of Employer ACCREDO HEALTH GROUP Occupation VP CUST SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 16 / 2012**

Transaction ID : INCA111871

Amount of Each Receipt this Period **75.00**

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

Mailing Address 130 N SEWALL'S POINT ROAD

City STUART State FL Zip Code 34996

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP PERSONAL HEALTH SOLUTIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.75**

Date of Receipt **02 / 16 / 2012**

Transaction ID : INCA112221

Amount of Each Receipt this Period **192.25**

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

Mailing Address 295 GLEN PLACE

City FRANKLIN LAKES State NJ Zip Code 07417

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **02 / 16 / 2012**

Transaction ID : INCA112103

Amount of Each Receipt this Period **192.30**

SUBTOTAL of Receipts This Page (optional)..... **459.55**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 66
	<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)

Full Name (Last, First, Middle Initial) A. MR MICHAEL KRZAN		Date of Receipt
Mailing Address 2735 YORK RD		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLUMBUS	OH	43221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA112043
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP MEMBER SVCS	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) B. MR MARK LANDY		Date of Receipt
Mailing Address 18 LADIK PL		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
MONTVALE	NJ	07645
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111994
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	CTO	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MS CYNTHIA LAUBACHER		Date of Receipt
Mailing Address 1100 KIMBERLY COURT		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
ROSEVILLE	CA	95661
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111959
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR GOVERNMENT AFFAIRS	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
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 34 OF 66
	<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. MR ROSS LUCE
Full Name (Last, First, Middle Initial)

Mailing Address 1066 WEST GROVE CT

City GIBSONIA State PA Zip Code 15044

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA111838

Amount of Each Receipt this Period 30.00

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

Mailing Address 137 WASHINGTON AVE

City HILLSDALE State NJ Zip Code 07642

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA112032

Amount of Each Receipt this Period 192.30

C. MS COLLEEN MCINTOSH
Full Name (Last, First, Middle Initial)

Mailing Address 87 ROSELAWN RD

City HIGHLAND MILLS State NY Zip Code 10930

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & ASSOCIATE GENERAL COUNSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA111958

Amount of Each Receipt this Period 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 414.30

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 35 OF 66
	<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. MR STEVEN MCNAMARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 GREEN TERRACE WAY
 City WEST MILFORD State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP BUSINESS OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA112076
 Amount of Each Receipt this Period 192.31

B. MR THOMAS MORIARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 LAKE ROAD
 City SHORT HILLS State NJ Zip Code 07078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation GENL C-SEC-SVP PHARM STRAT SOL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA111738
 Amount of Each Receipt this Period 192.00

C. JIMMY PERREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 BRAY PARK DR EAST
 City COLLIERVILLE State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation VP REGULATORY COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 16 / 2012
Transaction ID : INCA112232
 Amount of Each Receipt this Period 75.00

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: (check only one)	PAGE 36 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MS KARIN PRINCIVALLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 LONG BOAT CLUB ROAD
 APARTMENT 1004S
 City LONG BOAT KEY State FL Zip Code 34228
 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 **769.20**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111931
 Amount of Each Receipt this Period
192.30

B. MR MARK PROULX
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRANDY RIDGE ROAD
 City SPARTA State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF OF OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **769.24**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112089
 Amount of Each Receipt this Period
192.31

C. MS FRANCES RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 ROSS ROAD
 City SCARSDALE State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PRIVACY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111775
 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 37 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR JOSEPH REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 BROWNSTONE WAY
 APT 202
 City ENGLEWOOD State NJ Zip Code 07631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP BUSINESS REQUIREMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112108
 Amount of Each Receipt this Period
70.00

B. MR RICHARD RUBINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 APACHE DRIVE
 City OAKLAND State NJ Zip Code 07436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP FINANCE & CHIEF FIN OFFCR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **772.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112023
 Amount of Each Receipt this Period
193.00

C. MS MARY RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 RICHMOND AVENUE
 City MAPLEWOOD State NJ Zip Code 07040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP PHARMACY REGULATORY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **313.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112019
 Amount of Each Receipt this Period
78.34

SUBTOTAL of Receipts This Page (optional).....	341.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. BRUCE SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 18650 BEARPATH TRAIL
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCREDO HEALTH GROUP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112200
 Amount of Each Receipt this Period
 192.31

B. MR THOMAS SHANAHAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1767 FAIRMOUNT STREET
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ONCOLOGY TRC OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111956
 Amount of Each Receipt this Period
 30.00

C. MR WILLIAM SHANNON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 BIRCHWOOD DRIVE
 City WESTBURY State NY Zip Code 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF PROCURE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112225
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional).....▶	414.31
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 39 OF 66
	<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. MR DAVID SNOW JR
Full Name (Last, First, Middle Initial)

Mailing Address 23 CEDAR GATE ROAD

City DARIEN State CT Zip Code 06820

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHAIRMAN & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt **02 / 16 / 2012**

Transaction ID : INCA112096

Amount of Each Receipt this Period **192.31**

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

Mailing Address 7 FOREST LAKE DR

City WEST HARRISON State NY Zip Code 10604

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt **02 / 16 / 2012**

Transaction ID : INCA112024

Amount of Each Receipt this Period **192.31**

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

Mailing Address 8 MILL GLEN CT

City UPPER SADDLE RIVER State NJ Zip Code 07458

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt **02 / 16 / 2012**

Transaction ID : INCA112085

Amount of Each Receipt this Period **192.31**

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 40 OF 66
	<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)

Full Name (Last, First, Middle Initial) A. MS MARY THORSBY		Date of Receipt
Mailing Address 17326 ELLEN DR		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
LIVONIA	MI	48152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111878
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR NATL ACCT EXEC	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. MS CLAUDIA TUCKER		Date of Receipt
Mailing Address 713 INDIAN CREEK RD		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
AMHERST	VA	24521
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA111961
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SR DIR GOVERNMENT AFFAIRS	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) C. MR DANIEL WALDEN		Date of Receipt
Mailing Address 450 BEECHMONT DR		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
NEW ROCHELLE	NY	10804
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : INCA112003
Name of Employer	Occupation	Amount of Each Receipt this Period
MEDCO HEALTH SOLUTIONS	SVP REGULATORY & MC PROGRAMS	<input type="text" value="192.31"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="769.24"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="412.31"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 41 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR WILLIAM WALLACE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5445 GOODWIN AVENUE

City DALLAS	State TX	Zip Code 75206
----------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES SEGMENT LEADER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA112118

Amount of Each Receipt this Period
 192.31

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

City MOORESTOWN	State NJ	Zip Code 08057
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111967

Amount of Each Receipt this Period
 50.00

C. MR TIMOTHY WENTWORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 WATERVIEW DR

City FRANKLIN LAKES	State NJ	Zip Code 07417
------------------------	-------------	-------------------

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

Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES EMPLOYER GROUP
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111844

Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional).....▶	434.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 66
	<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. MR KENNETH WERMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 26037 N WRANGLER RD
 City SCOTTSDALE State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111929
 Amount of Each Receipt this Period
 200.00

B. MR DANIEL ZELEM JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 SPOOK ROCK RD.
 City SUFFERN State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & CHIEF OF BUSINESS TECHNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : INCA111989
 Amount of Each Receipt this Period
 192.50

C. MR JOSEPH FRENDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GREEN HILL TRAIL
 City TROPHY CLUB State TX Zip Code 76262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP NATIONAL SERVICE CENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : INCA112555
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	492.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR BERNARD HUKILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 FULLER DRIVE
 City BERGHEIM State TX Zip Code 78004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : INCA112582
 Amount of Each Receipt this Period
 50.00

B. MR ROSS LUCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1066 WEST GROVE CT
 City GIBSONIA State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : INCA112410
 Amount of Each Receipt this Period
 30.00

C. MR THOMAS SHANAHAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1767 FAIRMOUNT STREET
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP ONCOLOGY TRC OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : INCA112527
 Amount of Each Receipt this Period
 30.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR CALVIN WASDYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 APPLE ORCHARD RD
 City MOORESTOWN State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : INCA112538
 Amount of Each Receipt this Period
 50.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	15807.39

**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)

Full Name (Last, First, Middle Initial)

A. FRANCHISE TAX BOARD

Mailing Address 9645 BUTTERFIELD WAY

City SACRAMENTO State CA Zip Code 94257-0501

Purpose of Disbursement
TAXES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB112283

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ALAMO PAC

Mailing Address 1020 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111120

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL STREET, SW, SUIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111103

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ALTMIRE

Mailing Address P.O. BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement

011

Category/
Type

Candidate Name

JASON ALTMIRE

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111100

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address P.O. BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement

011

Category/
Type

Candidate Name

SUSAN COLLINS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111118

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address P.O. BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement

011

Category/
Type

Candidate Name

SUSAN COLLINS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111119

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT HENRY HANK JOHNSON

Mailing Address 4262 CLAUSELL COURT, SUITE A

City Decatur State GA Zip Code 30035

Purpose of Disbursement

011

Category/
Type

Candidate Name

HENRY C JOHNSON JR

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111105

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

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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)

Full Name (Last, First, Middle Initial)

A. FINCHER FOR CONGRESS

Mailing Address P.O. BOX 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

STEVE FINCHER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

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

Transaction ID : **EXPB111104**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. BOX 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement

011

Candidate Name

BENNIE THOMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

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

Transaction ID : **EXPB111115**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HEARTLAND VALUES PAC

Mailing Address PO BOX 505

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **EXPB111124**

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. HOOSIERS FOR ROKITA, INC.

Mailing Address 7643 EAST US 36

City AVON State IN Zip Code 46123

Purpose of Disbursement

011

Category/
Type

Candidate Name

THEODORE ROKITA

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111109

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOOSIERS FOR ROKITA, INC.

Mailing Address 7643 EAST US 36

City AVON State IN Zip Code 46123

Purpose of Disbursement

011

Category/
Type

Candidate Name

THEODORE ROKITA

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111110

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JEFF FLAKE FOR US SENATE INC

Mailing Address P.O. BOX 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement

011

Category/
Type

Candidate Name

JEFF FLAKE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111125

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JON RUNYAN FOR CONGRESS, INC.

Mailing Address P.O. BOX 225

City: Colonia State: NJ Zip Code: 07067

Purpose of Disbursement

011

Category/Type

Candidate Name

JON RUNYAN

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111111

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JON RUNYAN FOR CONGRESS, INC.

Mailing Address P.O. BOX 225

City: Colonia State: NJ Zip Code: 07067

Purpose of Disbursement

011

Category/Type

Candidate Name

JON RUNYAN

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111112

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City: SIOUX FALLS State: SD Zip Code: 57101

Purpose of Disbursement

011

Category/Type

Candidate Name

KRISTI LYNN NOEM

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111106

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

011
Category/ Type

Candidate Name

KRISTI LYNN NOEM

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111107

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement

011
Category/ Type

Candidate Name

JON TESTER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111123

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NEW YORKERS FOR YVETTE D. CLARKE

Mailing Address 242 MIDWOOD STREET

City Brooklyn State NY Zip Code 11225

Purpose of Disbursement

011
Category/ Type

Candidate Name

YVETTE D. CLARKE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111102

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

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**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)

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS INC.

Mailing Address P.O. BOX 640

City TOTOWA State NJ Zip Code 07511

Purpose of Disbursement

011

Category/
Type

Candidate Name

WILLIAM J. PASCRELL, JR.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111108

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PROMOTING OUR REPUBLICAN TEAM PAC

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111121

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SNOWE FOR SENATE

Mailing Address P.O. BOX 2012

City Portland State ME Zip Code 04104

Purpose of Disbursement

011

Category/
Type

Candidate Name

OLYMPIA J. SNOWE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111122

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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**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)

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

STEVE STIVERS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

Transaction ID : EXPB111113

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

STEVE STIVERS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

Transaction ID : EXPB111114

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TFP-FOJB COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

JOINT FUNDRAISING COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : EXPB111101

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 EAST DUBLIN GRANVILLE ROAD, S

City State Zip Code
COLUMBUS OH 43231

Purpose of Disbursement

011

Candidate Name

PATRICK JOSEPH TIBERI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111116

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City State Zip Code
ST. JOSEPH MI 49085

Purpose of Disbursement

011

Candidate Name

FREDERICK STEVEN UPTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Transaction ID : EXPB111117

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BUSINESS-INDUSTRY POLITICAL ACTION COMMITTEE

Mailing Address 888 16TH STREET, NW

City State Zip Code
Washington DC 20006

Purpose of Disbursement

011

Candidate Name

BUSINESS-INDUSTRY POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2012

Transaction ID : EXPB111700

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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

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**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)

Full Name (Last, First, Middle Initial)

A. BLUEGRASS COMMITTEE

Mailing Address 400 N. CAPITOL STREET, NW, SUITE 5

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111706

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BOB CASEY FOR SENATE, INC.

Mailing Address 700 13TH STREET NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

ROBERT P. CASEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111712

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. BOB CASEY FOR SENATE, INC.

Mailing Address 700 13TH STREET NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

ROBERT P. CASEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111705

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)

Mailing Address 1831 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

GENERAL PURPOSE COMMITTEE

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111711

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CONGRESSIONAL BLACK CAUCUS PAC (CBC PAC)

Mailing Address 227 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

GENERAL PURPOSE COMMITTEE

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111710

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address P.O. BOX 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

JOE HECK

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111703

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address P.O. BOX 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name
JOE HECK

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : EXPB111704

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. GARAGIOLA FOR CONGRESS

Mailing Address P.O. BOX 833

City Frederick State MD Zip Code 21705

Purpose of Disbursement

011

Candidate Name
ROBERT GARAGIOLA

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : EXPB111702

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. KAREN BASS FOR CONGRESS

Mailing Address 499 SOUTH CAPITOL STREET, SW, SUIT

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name
KAREN BASS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : EXPB111701

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

9	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	5	0	0	0	0	0	0	0	0
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**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)

Full Name (Last, First, Middle Initial)

A. NEW MILLENNIUM PAC

Mailing Address ONE GATEWAY CENTER, SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111707

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 607 14TH ST. NW, SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111708

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR OREGON

Mailing Address 122 C STREET, NW, SUITE 505

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

JOINT FUNDRAISING COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : EXPB111709

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 261060

City LOS ANGELES State CA Zip Code 90026

Purpose of Disbursement

011

Candidate Name

XAVIER BECERRA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2012

Transaction ID : EXPB111728

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FOLLOW THE NORTH STAR FUND

Mailing Address 316 E. HENNEPIN AVENUE, SUITE 201

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2012

Transaction ID : EXPB111714

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

JOSEPH R. PITTS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2012

Transaction ID : EXPB111722

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

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**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)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

011

Category/
Type

Candidate Name

JOSEPH R. PITTS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111723

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. KELLY PAC

Mailing Address 499 S. CAPITOL STREET, SW, SUITE 4

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111715

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address P.O. BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEONARD LANCE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111726

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**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)

Full Name (Last, First, Middle Initial)

A. LOBIONDO FOR CONGRESS

Mailing Address P.O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement

011

Candidate Name

FRANK A. LOBIONDO

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111725

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement

011

Candidate Name

MORGAN GRIFFITH

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111727

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 607 14TH STREET, NW, SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111716

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9	0	0	0	0	0	0	0	0	0

**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)

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH ST., NW, SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

NANCY PELOSI

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111720

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. QUAYLE FOR CONGRESS

Mailing Address 4340 INDIAN SCHOOL ROAD

City PHOENIX State AZ Zip Code 85018

Purpose of Disbursement

011

Category/
Type

Candidate Name

BEN QUAYLE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111721

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RECLAIM AMERICA PAC

Mailing Address 228 S WASHINGTON STREET, SUITE 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	2

Transaction ID : EXPB111713

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0

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)

Form grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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...

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement

Category/Type 011

Candidate Name

TIM MURPHY

Office Sought: House [X], Senate, President

Disbursement For: 2012 Primary [X], General, Other

State: PA District: 18

Date of Disbursement

Date grid showing 02/17/2012

Transaction ID : EXPB111724

Amount of Each Disbursement this Period

Amount grid showing 3000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Category/Type 011

Candidate Name

GREG WALDEN

Office Sought: House [X], Senate, President

Disbursement For: 2012 Primary [X], General, Other

State: OR District: 02

Date of Disbursement

Date grid showing 02/17/2012

Transaction ID : EXPB111719

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DICK LUGAR, INC.

Mailing Address PO BOX 55952

City INDIANAPOLIS State IN Zip Code 46205

Purpose of Disbursement

Category/Type 011

Candidate Name

RICHARD LUGAR

Office Sought: Senate [X], House, President

Disbursement For: 2012 Primary [X], General, Other

State: IN District:

Date of Disbursement

Date grid showing 02/21/2012

Transaction ID : EXPB111717

Amount of Each Disbursement this Period

Amount grid showing 1000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal grid showing 9000.00

Total grid showing 9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DICK LUGAR, INC.

Mailing Address PO BOX 55952

City INDIANAPOLIS State IN Zip Code 46205

Purpose of Disbursement

011

Candidate Name

RICHARD LUGAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : EXPB111718

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

179500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BRAMNICK FOR ASSEMBLY

Mailing Address 279 WATCHUNG FORK

City Westfield State NJ Zip Code 07090

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2012

Transaction ID : EXPB112280

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT SHEILA OLIVER

Mailing Address 43 BOYDEN STREET

City EAST ORANGE State NJ Zip Code 07017

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2012

Transaction ID : EXPB112281

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT VINCENT PRIETO

Mailing Address 759 9TH STREET

City SECAUCUS State NJ Zip Code 07094

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2012

Transaction ID : EXPB112282

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ELECTION FUND OF PAUL SARLO

Mailing Address 9 LINCOLN AVENUE

City RUTHERFORD State NJ Zip Code 07070

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Transaction ID : EXPB112278

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. KEAN FOR SENATE

Mailing Address P.O. BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Transaction ID : EXPB112277

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEVE SWEENEY FOR SENATE

Mailing Address 300 N. MARION AVENUE

City WENONAH State NJ Zip Code 08090

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Transaction ID : EXPB112279

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4750.00

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

7750.00
