

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jason D. Kaune

Signature of Treasurer Electronically Filed by Jason D. Kaune Date 02 12 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		671416.04
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	671416.04									
(c) Total Receipts (from Line 19) .....	79349.53	79349.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	750765.57	750765.57								
7. Total Disbursements (from Line 31) .....	70500.00	70500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	680265.57	680265.57								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1101.75									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	28348.55	28348.55
(ii) Unitemized .....	50976.71	50976.71
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	79325.26	79325.26
(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) .....	79325.26	79325.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	24.27	24.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	79349.53	79349.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79349.53	79349.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	68000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70500.00	70500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70500.00	70500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	79325.26	79325.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79325.26	79325.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR MICHAEL BARONE		Date of Receipt
	Mailing Address 452 MEDWAY ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	HIGHLAND HEIGHTS	OH	44143
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.74887
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & GENERAL MGR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 192.00
		<input type="text"/> 576.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR PETER BEGANS		Date of Receipt
	Mailing Address 1605 CHARNITA CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	VIENNA	VA	22182
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.74577
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP GOVERNMENT AFFAIRS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEN BODMER		Date of Receipt
	Mailing Address P.O. BOX 381947		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	GERMANTOWN	TN	38183
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.74658
Name of Employer ACCREDO HEALTH GROUP		Occupation COO - ACCREDO HEALTH GROUP INC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 192.00
		<input type="text"/> 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 484.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS SALLIE BOWDEN		Date of Receipt
	Mailing Address 5259 FISHERCREST LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	RICHMOND	VA	23231
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.74702
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP FORMULARY CONSULTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 200.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MS PATRICIA BRANUM		Date of Receipt
	Mailing Address 210 FROG HOLLOW ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	COATESVILLE	PA	19320
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.74685
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation VP INFO & PROCESS ENGINEERING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	<input type="text"/> 85.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GABRIEL CAPPUCCI		Date of Receipt
	Mailing Address 119 WASHINGTON AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	CHATHAM	NJ	07928
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.74637
Name of Employer MEDCO HEALTH SOLUTIONS		Occupation SVP & CONTROLLER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93	<input type="text"/> 192.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>477.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS BARBARA COSGRIFF**  
 Mailing Address **2045 MAYFAIR MCLEAN COURT**  
 City **FALLS CHURCH** State **VA** Zip Code **22043**  
 Date of Receipt: **01 / 02 / 2010**  
**Transaction ID: INC.A.74880**  
 Amount of Each Receipt this Period: **195.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SVP PUBLIC POL&EXTRNL AFFAIRS**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: **585.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR STEPHEN COURTMAN**  
 Mailing Address **25 FAIRWAY TRAIL**  
 City **SPARTA** State **NJ** Zip Code **07871**  
 Date of Receipt: **01 / 02 / 2010**  
**Transaction ID: INC.A.74511**  
 Amount of Each Receipt this Period: **192.31**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **SVP PHARMACY NETWORK MGMT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: **576.93**

**C.** Full Name (Last, First, Middle Initial)  
**MS MARY DASCHNER**  
 Mailing Address **2926 EWING AVE S**  
 City **MINNEAPOLIS** State **MN** Zip Code **55416**  
 Date of Receipt: **01 / 02 / 2010**  
**Transaction ID: INC.A.74472**  
 Amount of Each Receipt this Period: **192.30**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **MEDCO HEALTH SOLUTIONS** Occupation: **GROUP PRES RETIREE SOLUTIONS**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: **576.90**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **579.61**  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**MR BARRY DAVIS**  
 Mailing Address **11 WEISS DR**  
 City **TOWACO** State **NJ** Zip Code **07082**  
 Date of Receipt MM / DD / YYYY  
01 / 02 / 2010  
**Transaction ID: INC.A.74696**  
 Amount of Each Receipt this Period  
192.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP & GENERAL MGR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHEL DUFRESNE**  
 Mailing Address **41ELM ST APT 3P**  
 City **MORRISTOWN** State **NJ** Zip Code **07960**  
 Date of Receipt MM / DD / YYYY  
01 / 02 / 2010  
**Transaction ID: INC.A.74774**  
 Amount of Each Receipt this Period  
192.30  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP ENTERPRISE BUS INTELLIGENCE**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

**C.** Full Name (Last, First, Middle Initial)  
**DR SUMIT DUTTA**  
 Mailing Address **534 HUDSON STREET #3 C**  
 City **NEW YORK** State **NY** Zip Code **10014**  
 Date of Receipt MM / DD / YYYY  
01 / 02 / 2010  
**Transaction ID: INC.A.74551**  
 Amount of Each Receipt this Period  
192.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP & GENERAL MGR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

**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: PAGE 10 / 75

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

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 ▼

576.93

Date of Receipt

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

Transaction ID: INC.A.74301

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP CORP MKTG & E-COMM

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.69

Date of Receipt

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

Transaction ID: INC.A.74543

Amount of Each Receipt this Period

192.23

**C.**

Full Name (Last, First, Middle Initial)

MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City

NORWALK

State

CT

Zip Code

06851

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP BUSINESS DEVELOPMENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

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

Transaction ID: INC.A.74861

Amount of Each Receipt this Period

192.31

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

576.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH FREND0	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 9 GREEN HILL TRAIL	<b>Transaction ID:</b> INC.A.74611
	City State Zip Code TROPHY CLUB TX 76262	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 720 N. LARRABEE APT 1701	<b>Transaction ID:</b> INC.A.74746
	City State Zip Code CHICAGO IL 60654	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL GALVIN	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 25 BALLYMEADE ROAD	<b>Transaction ID:</b> INC.A.74780
	City State Zip Code HOPEWELL JUNCTION NY 12533	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP/CHIEF INFRASTRUCTURE OFFR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MATTHEW GIBBS		Date of Receipt MM / DD / YYYY 01 / 02 / 2010		
	Mailing Address 27 N. WACKER DR. SUITE 246		<b>Transaction ID:</b> INC.A.74849		
	City CHICAGO	State IL	Zip Code 60606	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF CLINICAL OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS GILSON		Date of Receipt MM / DD / YYYY 01 / 02 / 2010		
	Mailing Address 2 PELL FARM ROAD		<b>Transaction ID:</b> INC.A.74738		
	City SADDLE RIVER	State NJ	Zip Code 07458	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR SCOTT GILYARD		Date of Receipt MM / DD / YYYY 01 / 02 / 2010		
	Mailing Address 305 BERGAMOT DRIVE		<b>Transaction ID:</b> INC.A.74302		
	City MEDINA	State MN	Zip Code 55340	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES UHG			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	459.61
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR RICHARD GUIOR	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 50 BELLEVUE AVE	<b>Transaction ID:</b> INC.A.74320
	City State Zip Code SUMMIT NJ 07901	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GROUP COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR PETER HARTY	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 19520 YELLOW WING COURT	<b>Transaction ID:</b> INC.A.74299
	City State Zip Code COLORADO SPRINGS CO 80908	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR SCOTT HELMUS	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 23 VALLEY RD	<b>Transaction ID:</b> INC.A.74377
	City State Zip Code SUCCASUNNA NJ 07876	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK		Date of Receipt MM / DD / YYYY 01 / 02 / 2010		
	Mailing Address 49 S HILLSIDE AVE		<b>Transaction ID:</b> INC.A.74618		
	City ELMSFORD	State NY	Zip Code 10523	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INTERVENTION DELIVERY SYST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR BERNARD HUKILL		Date of Receipt MM / DD / YYYY 01 / 02 / 2010		
	Mailing Address 17219 CLOVIS		<b>Transaction ID:</b> INC.A.74646		
	City HELOTES	State TX	Zip Code 78023	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS REGINA JONES		Date of Receipt MM / DD / YYYY 01 / 02 / 2010		
	Mailing Address POST OFFICE BOX 38342		<b>Transaction ID:</b> INC.A.74469		
	City GERMANTOWN	State TN	Zip Code 38183	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDO HEALTH GROUP	Occupation VP CUST SVC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 75  
(check only one)

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

**A.**

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

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** INC.A.74765

Amount of Each Receipt this Period  
192.30

**B.**

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

Mailing Address 18 LADIK PL

City State Zip Code  
MONTVALE NJ 07645

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** INC.A.74623

Amount of Each Receipt this Period  
75.00

**C.**

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

Mailing Address 1100 KIMBERLY COURT

City State Zip Code  
ROSEVILLE CA 95661

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** INC.A.74576

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **367.30**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 75  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial) THOMAS MARTIN		Date of Receipt MM / DD / YYYY 01 / 02 / 2010
Mailing Address 1882 E LAUREL HOLLOW		<b>Transaction ID:</b> INC.A.74918
City GERMANTOWN	State TN	Zip Code 38139
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer ACCREDITO HEALTH GROUP	Occupation PRESIDENT - CCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) MR TODD MARTIN		Date of Receipt MM / DD / YYYY 01 / 02 / 2010
Mailing Address 11825 SHEPPARDS CROSSING		<b>Transaction ID:</b> INC.A.74451
City CLARKSVILLE	State MD	Zip Code 21029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

**C.**

Full Name (Last, First, Middle Initial) MR JEFFREY MAY		Date of Receipt MM / DD / YYYY 01 / 02 / 2010
Mailing Address 137 WASHINGTON AVE		<b>Transaction ID:</b> INC.A.74677
City HILLSDALE	State NJ	Zip Code 07642
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>534.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH		Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 87 ROSELAWN RD		<b>Transaction ID:</b> INC.A.74575
	City HIGHLAND MILLS	State NY	Zip Code 10930
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA		Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 112 GREEN TERRACE WAY		<b>Transaction ID:</b> INC.A.74724
	City WEST MILFORD	State NJ	Zip Code 07480
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY		Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 86 WELLINGTON AVENUE		<b>Transaction ID:</b> INC.A.74305
	City SHORT HILLS	State NJ	Zip Code 07078
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GENL C-SEC-SVP PHARM STRAT SOL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JIMMY PERREN	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 1250 BRAY PARK DR EAST	<b>Transaction ID:</b> INC.A.74895
	City State Zip Code COLLIERVILLE TN 38017	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer ACCREDO HEALTH GROUP Occupation VP REGULATORY COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 29 BLACKWELL AVE	<b>Transaction ID:</b> INC.A.74319
	City State Zip Code MORRISTOWN NJ 07960	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP & GENERAL MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 875 ALEXANDRIA CT	<b>Transaction ID:</b> INC.A.74550
	City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MEDCO HEALTH SOLUTIONS Occupation SVP HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>459.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR MARK PROULX	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 20 BRANDY RIDGE ROAD	<b>Transaction ID:</b> INC.A.74748
	City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS FRANCES RAO	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 19 ROSS ROAD	<b>Transaction ID:</b> INC.A.74355
	City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR REGULATORY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH REYNOLDS	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 412 RIVER MEWS LANE	<b>Transaction ID:</b> INC.A.74770
	City State Zip Code EDGEWATER NJ 07020	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**MR MICHAEL ROMANZO**  
 Mailing Address **855 CLUB MOSS CT.**  
 City **MARIETTA** State **GA** Zip Code **30068**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74462**  
 Amount of Each Receipt this Period **192.30**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **PRESIDENT SYSTEMED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **576.90**

**B.** Full Name (Last, First, Middle Initial)  
**MR RICHARD RUBINO**  
 Mailing Address **3 APACHE DRIVE**  
 City **OAKLAND** State **NJ** Zip Code **07436**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74663**  
 Amount of Each Receipt this Period **193.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP FINANCE & CHIEF FIN OFFCR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **579.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS MARY RYAN**  
 Mailing Address **456 RICHMOND AVENUE**  
 City **MAPLEWOOD** State **NJ** Zip Code **07040**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74656**  
 Amount of Each Receipt this Period **78.34**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP PHARMACY REGULATORY**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **235.02**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **463.64**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 21 / 75  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** INC.A.74870

Amount of Each Receipt this Period  
192.31

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code  
LAS VEGAS NV 89148

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** INC.A.74573

Amount of Each Receipt this Period  
60.00

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

Mailing Address 119 HAMILTON RD

City State Zip Code  
RIDGEWOOD NJ 07450

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

**Transaction ID:** INC.A.74413

Amount of Each Receipt this Period  
192.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **444.31**

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

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

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

FOR LINE NUMBER: PAGE 22 / 75

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY SIMEK	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 704 SAW PALMETTO COURT	<b>Transaction ID:</b> INC.A.74541
	City State Zip Code PORT ORANGE FL 32128	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	
<b>B.</b>	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 23 CEDAR GATE ROAD	<b>Transaction ID:</b> INC.A.74757
	City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	
<b>C.</b>	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 7 FOREST LAKE DR	<b>Transaction ID:</b> INC.A.74664
	City State Zip Code WEST HARRISON NY 10604	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

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

576.93

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**DR GLEN STETTIN**  
 Mailing Address **8 MILL GLEN CT**  
 City **UPPER SADDLE RIVER** State **NJ** Zip Code **07458**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74741**  
 Amount of Each Receipt this Period **192.31**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SVP/GM ADVANCED CLINICAL SLTNS**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **576.93**

**B.** Full Name (Last, First, Middle Initial)  
**MR TIMOTHY SWETT**  
 Mailing Address **8362 GOLDEN PRAIRIE DRIVE**  
 City **TAMPA** State **FL** Zip Code **33647**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74461**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS MARY THORSBY**  
 Mailing Address **17326 ELLEN DR**  
 City **LIVONIA** State **MI** Zip Code **48152**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74482**  
 Amount of Each Receipt this Period **75.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR NATL ACCT EXEC**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **317.31**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS JENNIFER UTTERDYKE	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 1881 GREENTREE ROAD	<b>Transaction ID:</b> INC.A.74432
	City State Zip Code LEBANON OH 45036	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address W328 S4230 SPRING RIDGE	<b>Transaction ID:</b> INC.A.74890
	City State Zip Code WAUKESHA WI 53189	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN	Date of Receipt MM / DD / YYYY 01 / 02 / 2010
	Mailing Address 450 BEECHMONT DR	<b>Transaction ID:</b> INC.A.74638
	City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>434.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**MR WILLIAM WALLACE**  
 Mailing Address **5445 GOODWIN AVENUE**  
 City **DALLAS** State **TX** Zip Code **75206**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74784**  
 Amount of Each Receipt this Period **192.31**  
 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 **576.93**

**B.** Full Name (Last, First, Middle Initial)  
**MR CALVIN WASDYKE**  
 Mailing Address **5 APPLE ORCHARD RD**  
 City **MOORESTOWN** State **NJ** Zip Code **08057**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74587**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS KELLY WEBBER**  
 Mailing Address **107 UPPER SADDLE RIVER ROAD**  
 City **MONTVALE** State **NJ** Zip Code **07645**  
 Date of Receipt **01 / 02 / 2010**  
**Transaction ID: INC.A.74561**  
 Amount of Each Receipt this Period **100.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP CORP HR**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **342.31**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 75  
(check only one)

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

**A.**

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

Mailing Address 309 WATERVIEW DR

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GROUP PRES EMPLOYER GROUP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

Transaction ID: INC.A.74442

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2010

Transaction ID: INC.A.74547

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2010

Transaction ID: INC.A.75259

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 17219 CLOVIS

City State Zip Code  
HELOTES TX 78023

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2010

**Transaction ID:** INC.A.75294

Amount of Each Receipt this Period  
50.00

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

Mailing Address 266 BRUSHY CREEK AVE

City State Zip Code  
LAS VEGAS NV 89148

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2010

**Transaction ID:** INC.A.75221

Amount of Each Receipt this Period  
60.00

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2010

**Transaction ID:** INC.A.75108

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 75  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) MRS JENNIFER UTTERDYKE		Date of Receipt MM / DD / YYYY 01 / 09 / 2010
Mailing Address 1881 GREENTREE ROAD		<b>Transaction ID:</b> INC.A.75079
City LEBANON	State OH	Zip Code 45036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt MM / DD / YYYY 01 / 09 / 2010
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID:</b> INC.A.75235
City MOORESTOWN	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) MR MICHAEL BARONE		Date of Receipt MM / DD / YYYY 01 / 16 / 2010
Mailing Address 452 MEDWAY ROAD		<b>Transaction ID:</b> INC.A.75535
City HIGHLAND HEIGHTS	State OH	Zip Code 44143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	292.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 1605 CHARNITA CT

City State Zip Code  
VIENNA VA 22182

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75226

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address P.O. BOX 381947

City State Zip Code  
GERMANTOWN TN 38183

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75307

Amount of Each Receipt this Period  
192.00

**C.**

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code  
RICHMOND VA 23231

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP FORMULARY CONSULTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75350

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **492.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 75  
(check only one)

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

**A.**

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

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code  
COATESVILLE PA 19320

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75334

Amount of Each Receipt this Period  
85.00

**B.**

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

Mailing Address 119 WASHINGTON AVENUE

City State Zip Code  
CHATHAM NJ 07928

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75286

Amount of Each Receipt this Period  
192.31

**C.**

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

Mailing Address 2045 MAYFAIR MCLEAN COURT

City State Zip Code  
FALLS CHURCH VA 22043

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75528

Amount of Each Receipt this Period  
195.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **472.31**

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

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

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

FOR LINE NUMBER: PAGE 31 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP PHARMACY NETWORK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75159

Amount of Each Receipt this Period  
192.31

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

Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GROUP PRES RETIREE SOLUTIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75120

Amount of Each Receipt this Period  
192.30

**C.** Full Name (Last, First, Middle Initial)  
MR BARRY DAVIS

Mailing Address 11 WEISS DR

City State Zip Code  
TOWACO NJ 07082

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75344

Amount of Each Receipt this Period  
192.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.61**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 75  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MICHEL DUFRESNE

Mailing Address 41ELM ST APT 3P

City MORRISTOWN State NJ Zip Code 07960

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 ▼ 576.90

Date of Receipt: 01 / 16 / 2010  
**Transaction ID:** INC.A.75422  
 Amount of Each Receipt this Period: 192.30

**B.**

Full Name (Last, First, Middle Initial)  
DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET #3 C

City NEW YORK State NY Zip Code 10014

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 ▼ 384.00

Date of Receipt: 01 / 16 / 2010  
**Transaction ID:** INC.A.75199  
 Amount of Each Receipt this Period: 192.00

**C.**

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

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 ▼ 576.93

Date of Receipt: 01 / 16 / 2010  
**Transaction ID:** INC.A.74949  
 Amount of Each Receipt this Period: 192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.61**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 58 APPLE HILL DR

City State Zip Code  
GILLETTE NJ 07933

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.69

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75191

Amount of Each Receipt this Period  
192.23

**B.**

Full Name (Last, First, Middle Initial)  
MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City State Zip Code  
NORWALK CT 06851

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP BUSINESS DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75509

Amount of Each Receipt this Period  
192.31

**C.**

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75260

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **434.54**

**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 34 / 75  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial) MS PAMELA GALASSINI		Date of Receipt MM / DD / YYYY 01 / 16 / 2010	
Mailing Address 720 N. LARRABEE APT 1701		Transaction ID: INC.A.75394	
City CHICAGO	State IL	Zip Code 60654	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93		

**B.**

Full Name (Last, First, Middle Initial) MICHAEL GALVIN		Date of Receipt MM / DD / YYYY 01 / 16 / 2010	
Mailing Address 25 BALLYMEADE ROAD		Transaction ID: INC.A.75428	
City HOPEWELL JUNCTION	State NY	Zip Code 12533	Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP/CHIEF INFRASTRUCTURE OFFR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93		

**C.**

Full Name (Last, First, Middle Initial) MATTHEW GIBBS		Date of Receipt MM / DD / YYYY 01 / 16 / 2010	
Mailing Address 27 N. WACKER DR. SUITE 246		Transaction ID: INC.A.75497	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CHIEF CLINICAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 75  
(check only one)

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

**A.**

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75386

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code  
MEDINA MN 55340

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRES UHG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.74950

Amount of Each Receipt this Period  
192.30

**C.**

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

Mailing Address 50 BELLEVUE AVE

City State Zip Code  
SUMMIT NJ 07901

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GROUP COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.74968

Amount of Each Receipt this Period  
90.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 19520 YELLOW WING COURT

City State Zip Code  
COLORADO SPRINGS CO 80908

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.74947

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75025

Amount of Each Receipt this Period  
85.00

**C.**

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

Mailing Address 49 S HILLSIDE AVE

City State Zip Code  
ELMSFORD NY 10523

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP INTERVENTION DELIVERY SYST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75267

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **357.31**

**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 37 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 17219 CLOVIS

City State Zip Code  
HELOTES TX 78023

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75295

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address POST OFFICE BOX 38342

City State Zip Code  
GERMANTOWN TN 38183

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

Name of Employer Occupation  
ACCREDITO HEALTH GROUP VP CUST SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75117

Amount of Each Receipt this Period  
75.00

**C.**

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

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75413

Amount of Each Receipt this Period  
192.30

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 75  
(check only one)

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

**A.**

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

Mailing Address 18 LADIK PL

City State Zip Code  
MONTVALE NJ 07645

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75272

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 1100 KIMBERLY COURT

City State Zip Code  
ROSEVILLE CA 95661

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75225

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 1882 E LAUREL HOLLOW

City State Zip Code  
GERMANTOWN TN 38139

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

Name of Employer Occupation  
ACCREDO HEALTH GROUP PRESIDENT - CCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75567

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TODD MARTIN		Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 11825 SHEPPARDS CROSSING		<b>Transaction ID:</b> INC.A.75099
	City CLARKSVILLE	State MD	Zip Code 21029
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JEFFREY MAY		Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 137 WASHINGTON AVE		<b>Transaction ID:</b> INC.A.75326
	City HILLSDALE	State NJ	Zip Code 07642
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH		Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 87 ROSELAWN RD		<b>Transaction ID:</b> INC.A.75224
	City HIGHLAND MILLS	State NY	Zip Code 10930
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 75  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code  
WEST MILFORD NJ 07480

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75372

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code  
SHORT HILLS NJ 07078

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.74953

Amount of Each Receipt this Period  
192.00

**C.**

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

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code  
COLLIERVILLE TN 38017

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

Name of Employer Occupation  
ACCREDITO HEALTH GROUP VP REGULATORY COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75544

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: PAGE 41 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
 MS JUDITH PLATKIN  
 Mailing Address 29 BLACKWELL AVE  
 City State Zip Code  
**MORRISTOWN NJ 07960**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**0 1 / 1 6 / 2 0 1 0**  
**Transaction ID: INC.A.74967**  
 Amount of Each Receipt this Period  
 192.30  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 576.90

**B.** Full Name (Last, First, Middle Initial)  
 MS KARIN PRINCIVALLE  
 Mailing Address 875 ALEXANDRIA CT  
 City State Zip Code  
**RAMSEY NJ 07446**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**0 1 / 1 6 / 2 0 1 0**  
**Transaction ID: INC.A.75198**  
 Amount of Each Receipt this Period  
 192.30  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS SVP HR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 576.90

**C.** Full Name (Last, First, Middle Initial)  
 MR MARK PROULX  
 Mailing Address 20 BRANDY RIDGE ROAD  
 City State Zip Code  
**SPARTA NJ 07871**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**0 1 / 1 6 / 2 0 1 0**  
**Transaction ID: INC.A.75396**  
 Amount of Each Receipt this Period  
 192.31  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS SVP PHARMACY & CUST SVC OPS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 576.93

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.91**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 42 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MS FRANCES RAO**  
 Mailing Address **19 ROSS ROAD**  
 City **SCARSDALE** State **NY** Zip Code **10583**  
 Date of Receipt **01 / 16 / 2010**  
**Transaction ID: INC.A.75003**  
 Amount of Each Receipt this Period **75.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR REGULATORY**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH REYNOLDS**  
 Mailing Address **412 RIVER MEWS LANE**  
 City **EDGEWATER** State **NJ** Zip Code **07020**  
 Date of Receipt **01 / 16 / 2010**  
**Transaction ID: INC.A.75418**  
 Amount of Each Receipt this Period **70.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **EXEC DIR TECHNOLOGY**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR MICHAEL ROMANZO**  
 Mailing Address **855 CLUB MOSS CT.**  
 City **MARIETTA** State **GA** Zip Code **30068**  
 Date of Receipt **01 / 16 / 2010**  
**Transaction ID: INC.A.75110**  
 Amount of Each Receipt this Period **192.30**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **PRESIDENT SYSTEMED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **576.90**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.30**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 43 / 75  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 3 APACHE DRIVE

City State Zip Code  
OAKLAND NJ 07436

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 579.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 1 0

**Transaction ID:** INC.A.75312

Amount of Each Receipt this Period  
193.00

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

Mailing Address 456 RICHMOND AVENUE

City State Zip Code  
MAPLEWOOD NJ 07040

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 1 0

**Transaction ID:** INC.A.75305

Amount of Each Receipt this Period  
78.34

**C.** Full Name (Last, First, Middle Initial)  
BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 1 0

**Transaction ID:** INC.A.75518

Amount of Each Receipt this Period  
192.31

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 75		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III	Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 266 BRUSHY CREEK AVE	<b>Transaction ID:</b> INC.A.75222
	City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY	Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 119 HAMILTON RD	<b>Transaction ID:</b> INC.A.75061
	City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY SIMEK	Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 704 SAW PALMETTO COURT	<b>Transaction ID:</b> INC.A.75189
	City State Zip Code PORT ORANGE FL 32128	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>444.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR DAVID SNOW, JR	Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 23 CEDAR GATE ROAD	<b>Transaction ID:</b> INC.A.75405
	City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CHRISTOPHER STATEN	Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 7 FOREST LAKE DR	<b>Transaction ID:</b> INC.A.75313
	City State Zip Code WEST HARRISON NY 10604	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP FINANCIAL & ANALYTICAL SVC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) DR GLEN STETTIN	Date of Receipt MM / DD / YYYY 01 / 16 / 2010
	Mailing Address 8 MILL GLEN CT	<b>Transaction ID:</b> INC.A.75389
	City State Zip Code UPPER SADDLE RIVER NJ 07458	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP/GM ADVANCED CLINICAL SLTNS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
**MR TIMOTHY SWETT**  
 Mailing Address **8362 GOLDEN PRAIRIE DRIVE**  
 City **TAMPA** State **FL** Zip Code **33647**  
 Date of Receipt **01 / 16 / 2010**  
**Transaction ID: INC.A.75109**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **VP/GM**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS MARY THORSBY**  
 Mailing Address **17326 ELLEN DR**  
 City **LIVONIA** State **MI** Zip Code **48152**  
 Date of Receipt **01 / 16 / 2010**  
**Transaction ID: INC.A.75130**  
 Amount of Each Receipt this Period **75.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **SR NATL ACCT EXEC**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **225.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS JENNIFER UTTERDYKE**  
 Mailing Address **1881 GREENTREE ROAD**  
 City **LEBANON** State **OH** Zip Code **45036**  
 Date of Receipt **01 / 16 / 2010**  
**Transaction ID: INC.A.75080**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **MEDCO HEALTH SOLUTIONS** Occupation **DIR PHARM PRACTICE**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 75  
(check only one)

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

**A.**

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

Mailing Address W328 S4230 SPRING RIDGE

City State Zip Code  
WAUKESHA WI 53189

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75539

Amount of Each Receipt this Period  
192.00

**B.**

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

Mailing Address 450 BEECHMONT DR

City State Zip Code  
NEW ROCHELLE NY 10804

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75287

Amount of Each Receipt this Period  
192.31

**C.**

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

Mailing Address 5445 GOODWIN AVENUE

City State Zip Code  
DALLAS TX 75206

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP SALES SEGMENT LEADER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75432

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **576.62**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 75  
(check only one)

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

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

**A.**

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

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 ▼ 250.00

Date of Receipt: 01 / 16 / 2010  
**Transaction ID:** INC.A.75236  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City MONTVALE State NJ Zip Code 07645

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP CORP HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 16 / 2010  
**Transaction ID:** INC.A.75209  
 Amount of Each Receipt this Period: 100.00

**C.**

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

Mailing Address 309 WATERVIEW DR

City FRANKLIN LAKES State NJ Zip Code 07417

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation GROUP PRES EMPLOYER GROUP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt: 01 / 16 / 2010  
**Transaction ID:** INC.A.75090  
 Amount of Each Receipt this Period: 192.31

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

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



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

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

FOR LINE NUMBER: PAGE 49 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 26037 N WRANGLER RD

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2010

**Transaction ID:** INC.A.75195

Amount of Each Receipt this Period  
100.00

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

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP NATIONAL SERVICE CENTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2010

**Transaction ID:** INC.A.75911

Amount of Each Receipt this Period  
50.00

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

Mailing Address 17219 CLOVIS

City State Zip Code  
HELOTES TX 78023

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS DIR PHARM OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2010

**Transaction ID:** INC.A.75946

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 MR THOMAS SHANAHAN, III  
 Mailing Address 266 BRUSHY CREEK AVE  
 City LAS VEGAS State NV Zip Code 89148  
 Date of Receipt 01 / 23 / 2010  
**Transaction ID: INC.A.75872**  
 Amount of Each Receipt this Period 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**B.** Full Name (Last, First, Middle Initial)  
 MR TIMOTHY SWETT  
 Mailing Address 8362 GOLDEN PRAIRIE DRIVE  
 City TAMPA State FL Zip Code 33647  
 Date of Receipt 01 / 23 / 2010  
**Transaction ID: INC.A.75760**  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP/GM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
 MRS JENNIFER UTTERDYKE  
 Mailing Address 1881 GREENTREE ROAD  
 City LEBANON State OH Zip Code 45036  
 Date of Receipt 01 / 23 / 2010  
**Transaction ID: INC.A.75731**  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEDCO HEALTH SOLUTIONS Occupation DIR PHARM PRACTICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 75

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

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

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.75886

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY ROAD

City State Zip Code  
HIGHLAND HEIGHTS OH 44143

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

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

Transaction ID: INC.A.76192

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City State Zip Code  
VIENNA VA 22182

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

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.75877

Amount of Each Receipt this Period

100.00

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

342.00

**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 52 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address P.O. BOX 381947

City State Zip Code  
GERMANTOWN TN 38183

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

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

**Transaction ID:** INC.A.75959

Amount of Each Receipt this Period  
192.00

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

Mailing Address 5259 FISHERCREST LN

City State Zip Code  
RICHMOND VA 23231

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VP FORMULARY CONSULTING

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** INC.A.76004

Amount of Each Receipt this Period  
200.00

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

Mailing Address 210 FROG HOLLOW ROAD

City State Zip Code  
COATESVILLE PA 19320

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

**Transaction ID:** INC.A.75986

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **477.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 75  
(check only one)

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

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

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

Mailing Address 119 WASHINGTON AVENUE

City State Zip Code  
CHATHAM NJ 07928

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75938

Amount of Each Receipt this Period  
192.31

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

Mailing Address 2045 MAYFAIR MCLEAN COURT

City State Zip Code  
FALLS CHURCH VA 22043

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.76185

Amount of Each Receipt this Period  
195.00

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

Mailing Address 25 FAIRWAY TRAIL

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP PHARMACY NETWORK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75811

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **579.62**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 2926 EWING AVE S

City State Zip Code  
MINNEAPOLIS MN 55416

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS GROUP PRES RETIREE SOLUTIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.75772

Amount of Each Receipt this Period  
192.30

**B.**

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

Mailing Address 11 WEISS DR

City State Zip Code  
TOWACO NJ 07082

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.75998

Amount of Each Receipt this Period  
192.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHEL DUFRESNE

Mailing Address 41ELM ST APT 3P

City State Zip Code  
MORRISTOWN NJ 07960

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP ENTERPRISE BUS INTELLIGENCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.76076

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **576.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DR ROBERT EPSTEIN		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 75 TWEED BLVD		<b>Transaction ID:</b> INC.A.75600		
	City UPPER GRANDVIEW	State NY	Zip Code 10960	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation CMO SVP MEDICAL&ANLYTC AFFRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS FEITEL		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 58 APPLE HILL DR		<b>Transaction ID:</b> INC.A.75843		
	City GILLETTE	State NJ	Zip Code 07933	Amount of Each Receipt this Period 192.23	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP CORP MKTG & E-COMM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.69			

<b>C.</b>	Full Name (Last, First, Middle Initial) MEGHAN FITZGERALD		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 6 MORGAN AVE		<b>Transaction ID:</b> INC.A.76164		
	City NORWALK	State CT	Zip Code 06851	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP BUSINESS DEVELOPMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 75

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH 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  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL SERVICE CENTER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.75912

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE  
APT 1701

City State Zip Code

CHICAGO IL 60654

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.76048

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City State Zip Code

HOPEWELL JUNCTION NY 12533

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.76082

Amount of Each Receipt this Period

192.31

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

434.62

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 27 N. WACKER DR.  
SUITE 246

City State Zip Code  
CHICAGO IL 60606

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS CHIEF CLINICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: INC.A.76152

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

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

Transaction ID: INC.A.76040

Amount of Each Receipt this Period  
192.31

**C.**

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

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code  
MEDINA MN 55340

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRES UHG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

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

Transaction ID: INC.A.75601

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **459.61**

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

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

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

FOR LINE NUMBER: PAGE 58 / 75  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 MR RICHARD GUIOR  
 Mailing Address 50 BELLEVUE AVE  
 City State Zip Code  
 SUMMIT NJ 07901  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 3 0 / 2 0 1 0  
**Transaction ID:** INC.A.75619  
 Amount of Each Receipt this Period  
 90.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS GROUP COO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

**B.** Full Name (Last, First, Middle Initial)  
 MR PETER HARTY  
 Mailing Address 19520 YELLOW WING COURT  
 City State Zip Code  
 COLORADO SPRINGS CO 80908  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 3 0 / 2 0 1 0  
**Transaction ID:** INC.A.75598  
 Amount of Each Receipt this Period  
 192.31  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS VP GOVERNMENT AFFAIRS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 576.93

**C.** Full Name (Last, First, Middle Initial)  
 MR SCOTT HELMUS  
 Mailing Address 23 VALLEY RD  
 City State Zip Code  
 SUCCASUNNA NJ 07876  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 3 0 / 2 0 1 0  
**Transaction ID:** INC.A.75677  
 Amount of Each Receipt this Period  
 85.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEDCO HEALTH SOLUTIONS VP CLIENT SOLUTIONS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **367.31**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STEPHEN HOLODAK		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 49 S HILLSIDE AVE		<b>Transaction ID:</b> INC.A.75919		
	City ELMSFORD	State NY	Zip Code 10523	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP INTERVENTION DELIVERY SYST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR BERNARD HUKILL		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 17219 CLOVIS		<b>Transaction ID:</b> INC.A.75947		
	City HELOTES	State TX	Zip Code 78023	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR PHARM OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS REGINA JONES		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address POST OFFICE BOX 38342		<b>Transaction ID:</b> INC.A.75769		
	City GERMANTOWN	State TN	Zip Code 38183	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ACCREDITO HEALTH GROUP	Occupation VP CUST SVC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH KLEPPER	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 295 GLEN PLACE	<b>Transaction ID:</b> INC.A.76067
	City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS PRES & CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR MARK LANDY	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 18 LADIK PL	<b>Transaction ID:</b> INC.A.75924
	City State Zip Code MONTVALE NJ 07645	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP SVC DELIVERY SYSTEM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS CYNTHIA LAUBACHER	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 1100 KIMBERLY COURT	<b>Transaction ID:</b> INC.A.75876
	City State Zip Code ROSEVILLE CA 95661	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SR DIR GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>367.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS MARTIN	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 1882 E LAUREL HOLLOW	<b>Transaction ID:</b> INC.A.76224
	City State Zip Code GERMANTOWN TN 38139	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACCREDITO HEALTH GROUP PRESIDENT - CCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TODD MARTIN	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 11825 SHEPPARDS CROSSING	<b>Transaction ID:</b> INC.A.75751
	City State Zip Code CLARKSVILLE MD 21029	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JEFFREY MAY	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 137 WASHINGTON AVE	<b>Transaction ID:</b> INC.A.75978
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP DRUG DISTRIB & CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	534.60
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS COLLEEN MCINTOSH	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 87 ROSELAWN RD	<b>Transaction ID:</b> INC.A.75875
	City State Zip Code HIGHLAND MILLS NY 10930	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR STEVEN MCNAMARA	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 112 GREEN TERRACE WAY	<b>Transaction ID:</b> INC.A.76026
	City State Zip Code WEST MILFORD NJ 07480	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP BUSINESS OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR THOMAS MORIARTY	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 86 WELLINGTON AVENUE	<b>Transaction ID:</b> INC.A.75604
	City State Zip Code SHORT HILLS NJ 07078	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS GENL C-SEC-SVP PHARM STRAT SOL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>576.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 75  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) JIMMY PERREN		Date of Receipt MM / DD / YYYY 01 / 30 / 2010
Mailing Address 1250 BRAY PARK DR EAST		<b>Transaction ID:</b> INC.A.76201
City COLLIERVILLE	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer ACCREDO HEALTH GROUP	Occupation VP REGULATORY COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) MS JUDITH PLATKIN		Date of Receipt MM / DD / YYYY 01 / 30 / 2010
Mailing Address 29 BLACKWELL AVE		<b>Transaction ID:</b> INC.A.75618
City MORRISTOWN	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

**C.**

Full Name (Last, First, Middle Initial) MS KARIN PRINCIVALLE		Date of Receipt MM / DD / YYYY 01 / 30 / 2010
Mailing Address 875 ALEXANDRIA CT		<b>Transaction ID:</b> INC.A.75850
City RAMSEY	State NJ	Zip Code 07446
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>459.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 20 BRANDY RIDGE ROAD

City State Zip Code  
SPARTA NJ 07871

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.76050

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 19 ROSS ROAD

City State Zip Code  
SCARSDALE NY 10583

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS EXEC DIR REGULATORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75654

Amount of Each Receipt this Period  
75.00

**C.**

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

Mailing Address 412 RIVER MEWS LANE

City State Zip Code  
EDGEWATER NJ 07020

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS EXEC DIR TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.76072

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.31**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 855 CLUB MOSS CT.

City State Zip Code  
MARIETTA GA 30068

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS PRESIDENT SYSTEMED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75762

Amount of Each Receipt this Period  
192.30

**B.**

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

Mailing Address 3 APACHE DRIVE

City State Zip Code  
OAKLAND NJ 07436

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 579.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75964

Amount of Each Receipt this Period  
193.00

**C.**

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

Mailing Address 456 RICHMOND AVENUE

City State Zip Code  
MAPLEWOOD NJ 07040

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP PHARMACY REGULATORY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.02

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75957

Amount of Each Receipt this Period  
78.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **463.64**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 75		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BRUCE SCOTT	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 18650 BEARPATH TRAIL	<b>Transaction ID:</b> INC.A.76175
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & CHIEF PHARMACIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS SHANAHAN, III	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 266 BRUSHY CREEK AVE	<b>Transaction ID:</b> INC.A.75873
	City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR FRANK SHEEHY	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 119 HAMILTON RD	<b>Transaction ID:</b> INC.A.75714
	City State Zip Code RIDGEWOOD NJ 07450	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>444.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 75  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City State Zip Code  
PORT ORANGE FL 32128

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP CORP COMMUNICATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75841

Amount of Each Receipt this Period  
192.31

**B.**

Full Name (Last, First, Middle Initial)  
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS CHAIRMAN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.76059

Amount of Each Receipt this Period  
192.31

**C.**

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

Mailing Address 7 FOREST LAKE DR

City State Zip Code  
WEST HARRISON NY 10604

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** INC.A.75965

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: PAGE 68 / 75  
(check only one)

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

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

**A.**

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

Mailing Address 8 MILL GLEN CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.76043

Amount of Each Receipt this Period  
192.31

**B.**

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

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS VP/GM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.75761

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

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

Name of Employer Occupation  
MEDCO HEALTH SOLUTIONS SR NATL ACCT EXEC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: INC.A.75782

Amount of Each Receipt this Period  
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS JENNIFER UTTERDYKE	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 1881 GREENTREE ROAD	<b>Transaction ID:</b> INC.A.75732
	City State Zip Code LEBANON OH 45036	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS MICHELLE VANCURA	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address W328 S4230 SPRING RIDGE	<b>Transaction ID:</b> INC.A.76196
	City State Zip Code WAUKESHA WI 53189	Amount of Each Receipt this Period 192.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP & GENERAL MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR DANIEL WALDEN	Date of Receipt MM / DD / YYYY 01 / 30 / 2010
	Mailing Address 450 BEECHMONT DR	<b>Transaction ID:</b> INC.A.75939
	City State Zip Code NEW ROCHELLE NY 10804	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MEDCO HEALTH SOLUTIONS SVP REGULATORY & MC PROGRAMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>434.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.**

Full Name (Last, First, Middle Initial) MR WILLIAM WALLACE		Date of Receipt MM / DD / YYYY 01 / 30 / 2010
Mailing Address 5445 GOODWIN AVENUE		<b>Transaction ID:</b> INC.A.76086
City DALLAS	State TX	Zip Code 75206
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 192.31
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP SALES SEGMENT LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

**B.**

Full Name (Last, First, Middle Initial) MR CALVIN WASDYKE		Date of Receipt MM / DD / YYYY 01 / 30 / 2010
Mailing Address 5 APPLE ORCHARD RD		<b>Transaction ID:</b> INC.A.75887
City MOORESTOWN	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) MRS KELLY WEBBER		Date of Receipt MM / DD / YYYY 01 / 30 / 2010
Mailing Address 107 UPPER SADDLE RIVER ROAD		<b>Transaction ID:</b> INC.A.75860
City MONTVALE	State NJ	Zip Code 07645
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP CORP HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TIMOTHY WENTWORTH		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 309 WATERVIEW DR		<b>Transaction ID:</b> INC.A.75742		
	City FRANKLIN LAKES	State NJ	Zip Code 07417	Amount of Each Receipt this Period 192.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation GROUP PRES EMPLOYER GROUP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.93			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR KENNETH WERMES		Date of Receipt MM / DD / YYYY 01 / 30 / 2010		
	Mailing Address 26037 N WRANGLER RD		<b>Transaction ID:</b> INC.A.75847		
	City SCOTTSDALE	State AZ	Zip Code 85255	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEDCO HEALTH SOLUTIONS	Occupation VP/GM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	292.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28348.55

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
BENNETT ELECTION COMMITTEE

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
ROBERT F. BENNETT

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: UT District:

Transaction ID: EXP.B.74290  
Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL ST. SE, 2ND FLOOR

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
POLITICAL PARTY COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP.B.74292  
Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE. NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
POLITICAL PARTY COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: EXP.B.74291  
Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

15000.00

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

33000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 75

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE <hr/> Mailing Address 320 FIRST ST. <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Candidate Name POLITICAL PARTY COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> EXP.B.74294 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2010</span> <hr/> <b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">15000.00</span>
<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE <hr/> Mailing Address 425 SECOND ST. NE <hr/> City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Candidate Name POLITICAL PARTY COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> EXP.B.74293 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2010</span> <hr/> <b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">15000.00</span>
<b>C.</b> Full Name (Last, First, Middle Initial) MARTHA COAKLEY FOR SENATE COMMITTEE <hr/> Mailing Address P.O. BOX 220, STATE HOUSE STATION <hr/> City BOSTON State MA Zip Code 02133 Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Candidate Name MARTHA COAKLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MA District: Special General	<b>Transaction ID:</b> EXP.B.74941 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2010</span> <hr/> <b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">35000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;">68000.00</span>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KATHY MANDERINO FOR STATE REPRESENTATIVE COMMITTEE	Transaction ID: EXP.B.75586 Date of Disbursement																			
	Mailing Address P.O. BOX 26048	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
	City PHILADELPHIA State PA Zip Code 19128	Amount of Each Disbursement this Period																			
	Purpose of Disbursement VOIDED CHECK ORIGINALLY ISSUED 04/14/2009	<table border="1"><tr><td>-500.00</td></tr></table>	-500.00																		
-500.00																					
	Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) NORTH CAROLINA DEMOCRATIC PARTY	Transaction ID: EXP.B.74939 Date of Disbursement																			
	Mailing Address 220 HILLSBOROUGH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	0												
	City RALEIGH State NC Zip Code 27603	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) NORTH CAROLINA REPUBLICAN PARTY	Transaction ID: EXP.B.74940 Date of Disbursement																			
	Mailing Address 1506 HILLSBOROUGH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	0												
	City RALEIGH State NC Zip Code 27605	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00
2500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00
2500.00		

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP			Nature of Debt (Purpose):
Mailing Address 1415 L STREET, STE. 1200			
City SACRAMENTO	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period 244.00		<b>Transaction ID: PAY:D:74943</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 244.00	

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: PAY:D:76243</b>	
Amount Incurred This Period 857.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 857.75	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	1101.75
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	1101.75
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	1101.75