

**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)

591 REDWOOD HWY., #4000

Check if different  
than previously  
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS  
REPORTNEW  
(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

1 2

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

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

0 1

2 5

2 0 0 8

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		197543.58
(b) Cash on Hand at Beginning of Reporting Period .....	307315.81	
(c) Total Receipts (from Line 19) .....	43662.97	548124.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	350978.78	745667.96
7. Total Disbursements (from Line 31) .....	48250.00	442939.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	302728.78	302728.78
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) .....	2026.50	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

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	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

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	40340.69	473103.84
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3212.50	74020.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	43553.19	547124.31
(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) ..... ➤	43553.19	547124.31
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.) .....	109.78	1000.07
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)) .....	43662.97	548124.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43662.97	548124.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1789.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1789.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	296500.00
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.....	37250.00	144650.00
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))..	48250.00	442939.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48250.00	442939.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	43553.19	547124.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43553.19	547124.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1789.18
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	1789.18

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 310

(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 MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CUST SVC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42351

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1042.00

Date of Receipt

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

Transaction ID: INC.A.42442

Amount of Each Receipt this Period

23.00

**C.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

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

Transaction ID: INC.A.42494

Amount of Each Receipt this Period

15.00

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

43.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 310

(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 BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42082

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.42247

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42311

Amount of Each Receipt this Period

25.00

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

60.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42180

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

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 ▼

1791.40

Date of Receipt

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

Transaction ID: INC.A.42424

Amount of Each Receipt this Period

34.45

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID: INC.A.42317

Amount of Each Receipt this Period

50.00

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

109.45

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42122

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City

COLUMBUS

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

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

Transaction ID: INC.A.42301

Amount of Each Receipt this Period

4.17

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

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 ▼

863.52

Date of Receipt

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

Transaction ID: INC.A.42374

Amount of Each Receipt this Period

25.00

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

41.67

**TOTAL** This Period (last page this line number 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 / 310

(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 ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: INC.A.42175

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

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

Transaction ID: INC.A.42457

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

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 ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42261

Amount of Each Receipt this Period

25.00

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 310

(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 FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City State Zip Code  
LAS VEGAS NV 89117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42197

Amount of Each Receipt this Period

25.00

**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  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2065.45

Date of Receipt

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

Transaction ID: INC.A.42277

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)  
MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City State Zip Code  
LIBERTY LAKE WA 99019

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 ▼

737.50

Date of Receipt

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

Transaction ID: INC.A.42305

Amount of Each Receipt this Period

25.00

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 310

(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 State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID: INC.A.42199

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 3915 SILKWOOD TRAIL

City State Zip Code  
ARLINGTON TX 76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MANAGING PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.32

Date of Receipt

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

Transaction ID: INC.A.42345

Amount of Each Receipt this Period

4.41

**C.**

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

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

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

Transaction ID: INC.A.42270

Amount of Each Receipt this Period

25.00

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

79.41

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

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

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

FOR LINE NUMBER: PAGE 13 / 310

(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 HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City

HILLIARD

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SUPV INVENTORY CONTROL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

222.56

Date of Receipt

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

Transaction ID: INC.A.42307

Amount of Each Receipt this Period

4.28

**B.**

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 ▼

912.50

Date of Receipt

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

Transaction ID: INC.A.42289

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42174

Amount of Each Receipt this Period

25.00

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

79.28

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT &amp; CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42102

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42488

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42173

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42192

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42172

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42483

Amount of Each Receipt this Period

50.00

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42239

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42453

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42352

Amount of Each Receipt this Period

5.00

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

105.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 310

(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 ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42478

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42310

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42255

Amount of Each Receipt this Period

25.00

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

242.30

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

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

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

FOR LINE NUMBER: PAGE 18 / 310

(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)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42487

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42389

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42321

Amount of Each Receipt this Period

50.00

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 310

(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 BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City

CARROLLTON

State

TX

Zip Code

75007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42387

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42443

Amount of Each Receipt this Period

23.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42283

Amount of Each Receipt this Period

100.00

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

173.00

**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 20 / 310

(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 STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42456

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42316

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42331

Amount of Each Receipt this Period

25.00

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

100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 310

(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)

BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City

WESTPORT

State

CT

Zip Code

06880

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 ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42452

Amount of Each Receipt this Period

192.00

**B.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42495

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP CLIENT &amp; MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42441

Amount of Each Receipt this Period

50.00

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

257.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42498

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42274

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City

LEVITTOWN

State

NY

Zip Code

11756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42445

Amount of Each Receipt this Period

25.00

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

125.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 23 / 310

(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 DUANE BOSCH

Mailing Address 3935 BALSAM LA

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42140

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42145

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42083

Amount of Each Receipt this Period

25.00

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

60.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 24 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42395

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42438

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER BRADBURY

Mailing Address 3 DEER HORN TRAIL

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42148

Amount of Each Receipt this Period

10.00

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

240.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

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 ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42382

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42363

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42475

Amount of Each Receipt this Period

10.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42212

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42119

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42142

Amount of Each Receipt this Period

50.00

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

100.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City

WASHINGTONVILLE

State

NY

Zip Code

10992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42360

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY BURKE

Mailing Address 638 LENOX AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE CLIENT PRODU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42208

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42259

Amount of Each Receipt this Period

50.00

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

80.00

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

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

Use separate schedule(s)  
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(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 PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42182

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42080

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42340

Amount of Each Receipt this Period

50.00

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 310

(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 GERALD CARDONE

Mailing Address 3 MEADOW LANE

City

ANNANDALE

State

NJ

Zip Code

08801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FACILITY PLANNING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42411

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42354

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42406

Amount of Each Receipt this Period

13.00

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

75.50

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42264

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42107

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42248

Amount of Each Receipt this Period

10.00

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

60.00

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

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

Use separate schedule(s)  
for each category of the  
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(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 FRANK COLIANO

Mailing Address 5176 BALDWIN TERRACE

City

MARIETTA

State

GA

Zip Code

30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42186

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42466

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42135

Amount of Each Receipt this Period

25.00

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42501

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42240

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42330

Amount of Each Receipt this Period

50.00

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

150.00

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



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42224

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42268

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42336

Amount of Each Receipt this Period

25.00

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

110.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 34 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42312

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42210

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City

BERNARDSVILLE

State

NJ

Zip Code

07924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MEDICAL POLICY & PROG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42130

Amount of Each Receipt this Period

10.00

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

227.30

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42222

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42355

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42284

Amount of Each Receipt this Period

25.00

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

125.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA DELLEDONNA

Mailing Address 199 SANFORD AVE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42392

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42257

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42474

Amount of Each Receipt this Period

25.00

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

60.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42489

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City

FISH CREEK

State

WI

Zip Code

54212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42507

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42449

Amount of Each Receipt this Period

25.00

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

242.30

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 310

(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 KAREN DEZEARN

Mailing Address 3625 PATERSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42109

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42181

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42337

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 4448 CREEK ROAD

City State Zip Code  
ALLENTOWN PA 18104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42125

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code  
IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42396

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City State Zip Code  
POMONA NY 10970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42267

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42149

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42177

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42152

Amount of Each Receipt this Period

25.00

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

100.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 310

(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 YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42326

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

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 ▼

1791.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42425

Amount of Each Receipt this Period

34.45

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City

WYCKOFF

State

NJ

Zip Code

07481

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 ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42141

Amount of Each Receipt this Period

50.00

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

109.45

TOTAL This Period (last page this line number 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 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42477

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42327

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT ENOS

Mailing Address 22 BARNARD RD

City

WARWICK

State

RI

Zip Code

02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42243

Amount of Each Receipt this Period

10.00

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

85.00

**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 43 / 310

(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 BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42480

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42072

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42228

Amount of Each Receipt this Period

15.00

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

257.31

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

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

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

FOR LINE NUMBER: PAGE 44 / 310

(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 YAKOV ESTERLIS

Mailing Address 800 PALISADE AVE  
APT 706

City State Zip Code  
FORT LEE NJ 07024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42428

Amount of Each Receipt this Period

25.00

**B.**

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

Mailing Address 15804 SORAWATER DR.

City State Zip Code  
LITHIA FL 33547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42160

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42213

Amount of Each Receipt this Period

50.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 310

(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 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 ▼

4997.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42260

Amount of Each Receipt this Period

192.23

**B.**

Full Name (Last, First, Middle Initial)

MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42397

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CARD OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42356

Amount of Each Receipt this Period

25.00

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

242.23

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

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

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

FOR LINE NUMBER: PAGE 46 / 310

(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 DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42150

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42205

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City

NEW BLOOMINGTON

State

OH

Zip Code

43341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42300

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL FORTUNATO, III

Mailing Address 18 WINDING RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42154

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42318

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City

CRANSTON

State

RI

Zip Code

02905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42171

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42069

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

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42437

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MS IRENE GALE

Mailing Address 3 MAIZE TRAIL

City

PLACITAS

State

NM

Zip Code

87043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42201

Amount of Each Receipt this Period

10.00

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

252.31

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42476

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City

COLUMBUS

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42398

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42291

Amount of Each Receipt this Period

50.00

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

85.00

**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 / 310

(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)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42462

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR OMHARAI SRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42469

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City

ASBURY PARK

State

NJ

Zip Code

07712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42068

Amount of Each Receipt this Period

50.00

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 51 / 310

(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 FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City

ROBBINSVILLE

State

NJ

Zip Code

08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42179

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42509

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42123

Amount of Each Receipt this Period

12.50

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

137.50

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

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

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

FOR LINE NUMBER: PAGE 52 / 310

(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 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  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42432

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  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES UHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42073

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)  
MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42372

Amount of Each Receipt this Period

15.00

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

399.61

**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  
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FOR LINE NUMBER: PAGE 53 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

06022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42137

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42195

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42216

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42253

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42127

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42089

Amount of Each Receipt this Period

90.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42328

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42436

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42399

Amount of Each Receipt this Period

25.00

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 56 / 310

(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 CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42118

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS SHANA HART

Mailing Address 5505 CEDAR CREEK DRIVE

City

SNYDER

State

TX

Zip Code

79549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42250

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42071

Amount of Each Receipt this Period

192.31

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

227.31

**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 57 / 310

(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 BILL HEAD

Mailing Address 501 SLATERS LANE  
#816

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42492

Amount of Each Receipt this Period

25.00

**B.**

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

Mailing Address 13210 N. 11TH AVE.

City State Zip Code  
PHOENIX AZ 85029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42146

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42429

Amount of Each Receipt this Period

10.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 310

(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 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  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42128

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42207

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 35 CASCADE WAY

City State Zip Code  
BUTLER NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42226

Amount of Each Receipt this Period

25.00

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

125.00

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

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

Use separate schedule(s)  
for each category of the  
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(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 STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City

FLORHAM PARK

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42298

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42373

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42221

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42287

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City

COLUMBUS

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42302

Amount of Each Receipt this Period

4.17

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42324

Amount of Each Receipt this Period

80.00

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

134.17

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.18

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42511

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 30 AVENUE AT PORT IMPERIAL  
APT. 415

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42496

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City

GALENA

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42303

Amount of Each Receipt this Period

30.00

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

130.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JANE HULSE

Mailing Address 95 GORDON RD

City

ESSEX FELLS

State

NJ

Zip Code

07021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42359

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42075

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42085

Amount of Each Receipt this Period

50.00

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

150.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 310

(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 TERESE JACKSON

Mailing Address 6085 S. PRESTON LANE

City

NEW BERLIN

State

WI

Zip Code

53151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42129

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42410

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT &amp; CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42423

Amount of Each Receipt this Period

50.00

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

110.00

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

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

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

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(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)  
ROBERT JINKS

Mailing Address 22 PAGE AVE

City State Zip Code  
LYNDHURST NJ 07071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42120

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 32 VENTOSA DR

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42254

Amount of Each Receipt this Period

25.00

**C.**

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

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code  
HENDERSON NV 89052

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 ▼

863.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42375

Amount of Each Receipt this Period

25.00

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

100.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City State Zip Code  
PRIOR LAKE MN 55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42249

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42353

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code  
MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42237

Amount of Each Receipt this Period

25.00

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

100.00

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

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

Use separate schedule(s)  
for each category of the  
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(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 KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42444

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42292

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42110

Amount of Each Receipt this Period

25.00

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

75.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 32 ADDISON DR

City

FAIRFIELD

State

NJ

Zip Code

07004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42400

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEMBER STRATEGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42280

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42412

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 310

(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)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42451

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR JON KLINE

Mailing Address 36 CORTLAND TL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1314.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42446

Amount of Each Receipt this Period

50.54

**C.**

Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42404

Amount of Each Receipt this Period

25.00

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

267.84

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

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

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

FOR LINE NUMBER: PAGE 69 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42134

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42164

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42333

Amount of Each Receipt this Period

55.00

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 310

(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 KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42385

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42322

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42282

Amount of Each Receipt this Period

125.00

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

200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 310

(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)

JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42481

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42273

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42176

Amount of Each Receipt this Period

15.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42225

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE  
UNIT G

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42426

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MAHON

Mailing Address 64 PHEASANT HILL DRIVE

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42484

Amount of Each Receipt this Period

10.00

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

60.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City

HO HO KUS

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT &amp; CHANNEL MKTING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42209

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42087

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42342

Amount of Each Receipt this Period

10.00

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

110.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 310

(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 GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City

MENDHAM

State

NJ

Zip Code

07945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42203

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE OPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42161

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42233

Amount of Each Receipt this Period

50.00

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

85.00

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 75 / 310

(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 TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42189

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42144

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB &amp; CONTROL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42376

Amount of Each Receipt this Period

192.30

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

409.60

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

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

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

FOR LINE NUMBER: PAGE 76 / 310

(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 TERENCE MAYTIN

Mailing Address 496 FRANKLIN AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42184

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42279

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42214

Amount of Each Receipt this Period

50.00

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 310

(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 DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City

OWASSO

State

OK

Zip Code

74055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42497

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42325

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42281

Amount of Each Receipt this Period

192.00

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

242.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42419

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42126

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42093

Amount of Each Receipt this Period

50.00

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

267.31

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

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

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

FOR LINE NUMBER: PAGE 79 / 310

(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 KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42086

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42434

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42099

Amount of Each Receipt this Period

25.00

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

80.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 310

(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 JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42196

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42206

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42076

Amount of Each Receipt this Period

192.00

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

242.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42377

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City

SPARTA

State

NJ

Zip Code

07871

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42413

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN MURPHY, JR

Mailing Address 80 PARKWAY

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP MARKET STRATEGY AND DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3451.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42131

Amount of Each Receipt this Period

192.30

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

262.30

**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 82 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42132

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42162

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42418

Amount of Each Receipt this Period

10.00

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42272

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42286

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42401

Amount of Each Receipt this Period

50.00

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

85.00

**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 84 / 310

(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 SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42100

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42350

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42393

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 310

(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)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42485

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42256

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42339

Amount of Each Receipt this Period

50.00

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

100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 310

(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 DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42338

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42334

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42251

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 310

(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 PALOMBO

Mailing Address 19 E. HOLLYWOOD LANE

City

BEESLEY'S POINT

State

NJ

Zip Code

08223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42448

Amount of Each Receipt this Period

9.61

**B.**

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42473

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW PATELLA

Mailing Address 30 TAM O SHANTER DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42117

Amount of Each Receipt this Period

10.00

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

44.61

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42217

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City

LAS VEGAS

State

NV

Zip Code

89147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42320

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1771 PRESCOTT LANE

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42229

Amount of Each Receipt this Period

25.00

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

70.00

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



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

Use separate schedule(s)  
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(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 PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42183

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42088

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42187

Amount of Each Receipt this Period

25.00

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

275.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City

DUNNELLON

State

FL

Zip Code

34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42403

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42304

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42265

Amount of Each Receipt this Period

192.30

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

267.30

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42369

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42439

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST  
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42433

Amount of Each Receipt this Period

25.00

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

242.31

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42458

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42112

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City

MATAWAN

State

NJ

Zip Code

07747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42358

Amount of Each Receipt this Period

65.38

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

115.38

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42262

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City

NORWALK

State

CT

Zip Code

06850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42204

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42405

Amount of Each Receipt this Period

50.00

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

125.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

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 ▼

1820.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42455

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42143

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42454

Amount of Each Receipt this Period

25.00

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

120.00

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

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

Use separate schedule(s)  
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(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 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42202

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42370

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHERJOHN ROWLAND

Mailing Address 16725 OLIVE CIRCLE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42103

Amount of Each Receipt this Period

10.00

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

252.30

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

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

Use separate schedule(s)  
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(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 5201 RIO VISTA DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42366

Amount of Each Receipt this Period

193.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42219

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42315

Amount of Each Receipt this Period

20.00

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

263.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2036.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42357

Amount of Each Receipt this Period

78.34

**B.**

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42386

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42246

Amount of Each Receipt this Period

25.00

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

128.34

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42147

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42362

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42420

Amount of Each Receipt this Period

15.00

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

65.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42365

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42198

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City

EVANSTON

State

IL

Zip Code

60203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42139

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42091

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42407

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City

PICKERINGTON

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42293

Amount of Each Receipt this Period

25.00

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

125.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 101 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 3021 E MILLCREEK ROAD

City State Zip Code  
SALT LAKE CITY UT 84109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42084

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 1220 CROSSING WAY

City State Zip Code  
WAYNE NJ 07470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42114

Amount of Each Receipt this Period

25.00

**C.**

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

Mailing Address 66 PROSPECT AVE

City State Zip Code  
WESTWOOD NJ 07675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42430

Amount of Each Receipt this Period

50.00

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

125.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 310

(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

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2065.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42278

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42098

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42155

Amount of Each Receipt this Period

50.00

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

135.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDER SHEKH DAR

Mailing Address 211 CROYDON AVENUE

City

ROCKVILLE

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS & MKT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42500

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42077

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42242

Amount of Each Receipt this Period

25.00

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

90.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 310

(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 ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42169

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNE SIGILLITO

Mailing Address 178 LEXINGTON AVE.

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR GENERIC STRAT & CUST DV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42081

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42378

Amount of Each Receipt this Period

10.00

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

45.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 310

(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)

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  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42258

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42414

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City State Zip Code  
 KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42288

Amount of Each Receipt this Period

50.00

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

292.31

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42113

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42241

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42244

Amount of Each Receipt this Period

25.00

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42223

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42384

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42447

Amount of Each Receipt this Period

192.31

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

252.31

**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 108 / 310

(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 ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City

PINE BROOK

State

NJ

Zip Code

07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42472

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

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 ▼

737.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42306

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42092

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 310

(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 CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42368

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42417

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42190

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS SUSAN STEELE

Mailing Address 501 CONTINENTAL DR

City

SAGAMORE HILLS

State

OH

Zip Code

44067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42512

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42078

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42235

Amount of Each Receipt this Period

50.00

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 310

(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

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42435

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City

OAKLAND

State

NJ

Zip Code

07436

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42191

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42104

Amount of Each Receipt this Period

25.00

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

232.31

**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 112 / 310

(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 SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42479

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42138

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42415

Amount of Each Receipt this Period

25.00

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

100.00

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



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

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

FOR LINE NUMBER: PAGE 113 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 21 DENISE DRIVE

City State Zip Code  
KINNELON NJ 07405

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2969.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42367

Amount of Each Receipt this Period

192.30

**B.**

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

Mailing Address 16025 PINE VALE PL.

City State Zip Code  
MIDLOTHIAN VA 23113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42095

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APPT 209

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42159

Amount of Each Receipt this Period

40.00

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

257.30

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42200

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR NICHOLAS TAYLOR

Mailing Address 2710 WEXFORD RD

City State Zip Code  
UPPER ARLINGTON OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42440

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City State Zip Code  
WAYNE NJ 07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42168

Amount of Each Receipt this Period

25.00

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

100.00

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

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

Use separate schedule(s)  
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(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 LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.32

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42346

Amount of Each Receipt this Period

4.41

**B.**

Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City

EVANSTON

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42101

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42215

Amount of Each Receipt this Period

75.00

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

104.41

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

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

Use separate schedule(s)  
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(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 TIDD

Mailing Address 7974 FLAMETREE CT

City

LAS VEGAS

State

NV

Zip Code

89123

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 ▼

1062.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42271

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42105

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DONNA TOPOLSKI

Mailing Address 128 MANHATTAN TERRACE

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42402

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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for each category of the  
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(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 HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City

HILLIARD

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SUPV INVENTORY CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42308

Amount of Each Receipt this Period

4.28

**B.**

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42285

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42421

Amount of Each Receipt this Period

30.00

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

109.28

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42211

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42513

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42121

Amount of Each Receipt this Period

25.00

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

125.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(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 NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42276

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42157

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42153

Amount of Each Receipt this Period

25.00

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

115.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(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 GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42074

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MUNISH VUJ

Mailing Address 11 BOULDER TRAIL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42463

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL WAIBEL

Mailing Address N48 W16381 LONE OAK LN

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42236

Amount of Each Receipt this Period

15.00

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

65.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42341

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42090

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42465

Amount of Each Receipt this Period

192.31

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

409.62

**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  
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FOR LINE NUMBER: PAGE 122 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

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 ▼

912.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42290

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 26072 HARBOR VIEW

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42108

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42335

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42266

Amount of Each Receipt this Period

10.00

**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 ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42269

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  
PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42178

Amount of Each Receipt this Period

192.31

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

302.31

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

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

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

FOR LINE NUMBER: PAGE 124 / 310

(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

SCOTTSDALE

State

AZ

Zip Code

85255

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 ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42263

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.  
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42096

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City

VERONA

State

NJ

Zip Code

07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42364

Amount of Each Receipt this Period

25.00

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

125.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42193

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 325 BOUND BROOK AVE.

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42106

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42460

Amount of Each Receipt this Period

50.00

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

130.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 310

(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 CYNTHIA WOOD

Mailing Address 4002 FALCON LAKE DR

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42349

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42409

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	7

Transaction ID: INC.A.42151

Amount of Each Receipt this Period

25.00

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

55.00

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

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

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

FOR LINE NUMBER: PAGE 127 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42252

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42323

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42379

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 310

(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 ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

Transaction ID: INC.A.42470

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DANIELE RUSKIN, ESQ.

Mailing Address 865 WEST END AVE., APT. 4F

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS,  
INC.

Occupation

VICE PRESIDENT AND COUNSEL, GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

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

Transaction ID: INC.A.41949

Amount of Each Receipt this Period

1350.00

**C.**

Full Name (Last, First, Middle Initial)

JEAN K. BERGWALL

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.41995

Amount of Each Receipt this Period

25.00

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

1400.00

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



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

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

FOR LINE NUMBER: PAGE 129 / 310

(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)

CALVIN BINGHAM

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.41996

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCE AND CLIENT SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.41997

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

RUSS M. BOURNE

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.41998

Amount of Each Receipt this Period

50.00

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 310

(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)

STEVEN BROWN

Mailing Address 1620 CENTURY CENTER PARKWAY

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIRECTOR - PRODUCT LINE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42000

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

AMANDA J. BUNDY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42001

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

BRIAN A. BURFORD

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42002

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 310

(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)

JOSEPH A. CASACCIA, JR.

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR SPECIALITY OPS CUST SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42003

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

NICHOLAS CLIFTON

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42004

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY A. COOLE

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP TAX & REGULATORY REPORTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42005

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 132 / 310

(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)

WARREN J. DAVIS

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42006

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE R. DERRYBERRY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42007

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42008

Amount of Each Receipt this Period

25.00

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

75.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 310

(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)

SUMIT DUTTA

Mailing Address 534 HUDSON ST. #3C

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO NOVA FACTOR

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: INC.A.42009

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

REBECCA R. DYER

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: INC.A.42010

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP - HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: INC.A.42011

Amount of Each Receipt this Period

50.00

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

152.00

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

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

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

FOR LINE NUMBER: PAGE 134 / 310

(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)

CHAD FOREMAN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42012

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR  
#222

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42013

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT FURTH

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42014

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 135 / 310

(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)

SHARON D. HARRIS

Mailing Address 186 N. WHITE STATION RD.

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIRECTOR - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42015

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP - OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42016

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH A. HOLLOWAY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

SR LEGAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42017

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 310

(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)

LYNN HOSTMYER

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42018

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIRECTOR - MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42019

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES P. LANGLEY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42020

Amount of Each Receipt this Period

50.00

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

100.00

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



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

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

FOR LINE NUMBER: PAGE 137 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42021

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

SHELLY I. MARTIN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42022

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS O. MARTIN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP CORP STRAT BUS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42023

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 310

(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)

THOMAS S. MCCANN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42024

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
GENERAL MANAGER - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42025

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 WEST 115TH TERRACE

City

ORATHE

State

KS

Zip Code

66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
SR MGR - BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42026

Amount of Each Receipt this Period

25.00

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

100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 310

(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)

BARRY SOUTHERN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: INC.A.42027

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

PETER A. STARK

Mailing Address 1670 CENTURY CENTER PARKWAY

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GROUP VICE-PRESIDENT - CORPORATE FINAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: INC.A.42028

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHANTAL D. VEEVAETE

Mailing Address 7292 OAKVILLE DR.

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VICE PRESIDENT, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: INC.A.42029

Amount of Each Receipt this Period

50.00

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

125.00

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

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

Use separate schedule(s)  
for each category of the  
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(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)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42030

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: INC.A.42031

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42799

Amount of Each Receipt this Period

5.00

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

80.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42889

Amount of Each Receipt this Period

23.00

**B.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42941

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42528

Amount of Each Receipt this Period

25.00

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

63.00

**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  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: INC.A.42694

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: INC.A.42758

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	7

Transaction ID: INC.A.42626

Amount of Each Receipt this Period

25.00

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

60.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

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 ▼

1791.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42871

Amount of Each Receipt this Period

34.45

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42764

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42568

Amount of Each Receipt this Period

12.50

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

96.95

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City

COLUMBUS

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42748

Amount of Each Receipt this Period

4.17

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

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 ▼

863.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42822

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42621

Amount of Each Receipt this Period

15.00

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

44.17

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



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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42904

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42708

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42643

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2065.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42724

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

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 ▼

737.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42752

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42645

Amount of Each Receipt this Period

50.00

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

120.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42792

Amount of Each Receipt this Period

4.41

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City

LAS VEGAS

State

NV

Zip Code

89123

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 ▼

1062.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42717

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City

HILLIARD

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SUPV INVENTORY CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42754

Amount of Each Receipt this Period

4.28

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

33.69

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 ▼

912.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 7

Transaction ID: INC.A.42736

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

KIRK COTHAM

Mailing Address 2174 KNOLL LN.

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VICE PRESIDENT, MARKETING AND BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42961

Amount of Each Receipt this Period

1300.00

**C.**

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42620

Amount of Each Receipt this Period

25.00

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

1375.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42548

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.42935

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42619

Amount of Each Receipt this Period

50.00

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

125.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY ALEXANDER

Mailing Address 4 DEERPOND CT

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: INC.A.42638

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42618

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42930

Amount of Each Receipt this Period

50.00

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 151 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42685

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42900

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42800

Amount of Each Receipt this Period

5.00

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

105.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(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 ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP &amp; CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

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

Transaction ID: INC.A.42925

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42757

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42702

Amount of Each Receipt this Period

25.00

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

242.30

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



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

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for each category of the  
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(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)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42934

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

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

Transaction ID: INC.A.42837

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42768

Amount of Each Receipt this Period

50.00

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

135.00

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

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

Use separate schedule(s)  
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(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 BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City

CARROLLTON

State

TX

Zip Code

75007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42835

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.00

Date of Receipt

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

Transaction ID: INC.A.42890

Amount of Each Receipt this Period

23.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID: INC.A.42730

Amount of Each Receipt this Period

100.00

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

173.00

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

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

Use separate schedule(s)  
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(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 STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42903

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42763

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42778

Amount of Each Receipt this Period

25.00

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

100.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 156 / 310

(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)

BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City

WESTPORT

State

CT

Zip Code

06880

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 ▼

4992.00

Date of Receipt

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

Transaction ID: INC.A.42899

Amount of Each Receipt this Period

192.00

**B.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

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

Transaction ID: INC.A.42942

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42888

Amount of Each Receipt this Period

50.00

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

257.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: INC.A.42946

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42721

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City

LEVITTOWN

State

NY

Zip Code

11756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42892

Amount of Each Receipt this Period

25.00

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

125.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(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 HEATHER BONOME

Mailing Address 305 10TH STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: INC.A.42687

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DUANE BOSCH

Mailing Address 3935 BALSAM LA

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42586

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42591

Amount of Each Receipt this Period

25.00

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

60.00

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

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

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☒ 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 BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42529

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: INC.A.42885

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER BRADBURY

Mailing Address 3 DEER HORN TRAIL

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42594

Amount of Each Receipt this Period

10.00

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

65.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: INC.A.42830

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42811

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP AUDIT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42922

Amount of Each Receipt this Period

10.00

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

110.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: INC.A.42658

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.42565

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42588

Amount of Each Receipt this Period

50.00

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

100.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS VIVIAN BULGER

Mailing Address 120 EAST MAIN ST

City

WASHINGTONVILLE

State

NY

Zip Code

10992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: INC.A.42808

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY BURKE

Mailing Address 638 LENOX AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE CLIENT PRODU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42654

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: INC.A.42706

Amount of Each Receipt this Period

50.00

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

80.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42628

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

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

Transaction ID: INC.A.42526

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: INC.A.42787

Amount of Each Receipt this Period

50.00

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

115.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 GERALD CARDONE

Mailing Address 3 MEADOW LANE

City

ANNANDALE

State

NJ

Zip Code

08801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FACILITY PLANNING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42858

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

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

Transaction ID: INC.A.42802

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

MS CATHERINE CASALE

Mailing Address 16345 HEATHROW DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

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

Transaction ID: INC.A.42853

Amount of Each Receipt this Period

13.00

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

75.50

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY &amp; MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42711

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42553

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.42695

Amount of Each Receipt this Period

10.00

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

60.00

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

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

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☒ 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 FRANK COLIANO

Mailing Address 5176 BALDWIN TERRACE

City

MARIETTA

State

GA

Zip Code

30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: INC.A.42632

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42913

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42581

Amount of Each Receipt this Period

25.00

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

65.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: INC.A.42949

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42686

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.42777

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 168 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: INC.A.42670

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42715

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42783

Amount of Each Receipt this Period

25.00

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

110.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 310

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42759

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

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

Transaction ID: INC.A.42656

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

DR AMITA DASMAHAPATRA

Mailing Address 24 CHARLOTTE HILL DR

City

BERNARDSVILLE

State

NJ

Zip Code

07924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR MEDICAL POLICY & PROG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42576

Amount of Each Receipt this Period

10.00

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

227.30

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 170 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42668

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42803

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42731

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 171 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA DELLEDONNA

Mailing Address 199 SANFORD AVE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42840

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42704

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.42921

Amount of Each Receipt this Period

25.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 172 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42936

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City

FISH CREEK

State

WI

Zip Code

54212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

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

Transaction ID: INC.A.42955

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.42896

Amount of Each Receipt this Period

25.00

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

242.30

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 310

(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 KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42555

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42627

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42784

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 174 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address 4448 CREEK ROAD

City State Zip Code  
ALLENTOWN PA 18104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42571

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code  
IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42843

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City State Zip Code  
POMONA NY 10970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42714

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 175 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.42595

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42623

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.42598

Amount of Each Receipt this Period

25.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 176 / 310

(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 YAACOV DUSHEK

Mailing Address 312 MEGAN CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42773

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

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 ▼

1791.40

Date of Receipt

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

Transaction ID: INC.A.42872

Amount of Each Receipt this Period

34.45

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City

WYCKOFF

State

NJ

Zip Code

07481

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 ▼

750.00

Date of Receipt

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

Transaction ID: INC.A.42587

Amount of Each Receipt this Period

50.00

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

109.45

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



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

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

FOR LINE NUMBER: PAGE 177 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42924

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42774

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT ENOS

Mailing Address 22 BARNARD RD

City

WARWICK

State

RI

Zip Code

02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42690

Amount of Each Receipt this Period

10.00

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

85.00

**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 178 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42927

Amount of Each Receipt this Period

50.00

**B.**

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&amp;ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.42518

Amount of Each Receipt this Period

192.25

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: INC.A.42674

Amount of Each Receipt this Period

15.00

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

257.25

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

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

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

FOR LINE NUMBER: PAGE 179 / 310

(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 YAKOV ESTERLIS

Mailing Address 800 PALISADE AVE  
APT 706

City State Zip Code  
FORT LEE NJ 07024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42875

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City State Zip Code  
LITHIA FL 33547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: INC.A.42606

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42659

Amount of Each Receipt this Period

50.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 180 / 310

(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 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 ▼

4997.98

Date of Receipt

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

Transaction ID: INC.A.42707

Amount of Each Receipt this Period

192.23

**B.**

Full Name (Last, First, Middle Initial)

MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42844

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CARD OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42804

Amount of Each Receipt this Period

25.00

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

242.23

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

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

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

FOR LINE NUMBER: PAGE 181 / 310

(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 DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42596

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42651

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City

NEW BLOOMINGTON

State

OH

Zip Code

43341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42747

Amount of Each Receipt this Period

25.00

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

100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 310

(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 PAUL FORTUNATO, III

Mailing Address 18 WINDING RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42600

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID: INC.A.42765

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City

CRANSTON

State

RI

Zip Code

02905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

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

Transaction ID: INC.A.42617

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 183 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42515

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

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.42884

Amount of Each Receipt this Period

192.25

**C.**

Full Name (Last, First, Middle Initial)

MS IRENE GALE

Mailing Address 3 MAIZE TRAIL

City

PLACITAS

State

NM

Zip Code

87043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42647

Amount of Each Receipt this Period

10.00

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

252.25

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 310

(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 IVY GALLACCHI

Mailing Address 11 LAKE AVENUE

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.42923

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City

COLUMBUS

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: INC.A.42845

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42738

Amount of Each Receipt this Period

50.00

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

85.00

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



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

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

FOR LINE NUMBER: PAGE 185 / 310

(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)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.42909

Amount of Each Receipt this Period

192.25

**B.**

Full Name (Last, First, Middle Initial)

MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.42916

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City

ASBURY PARK

State

NJ

Zip Code

07712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: INC.A.42514

Amount of Each Receipt this Period

50.00

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

267.25

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

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

Use separate schedule(s)  
for each category of the  
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(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 FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City

ROBBINSVILLE

State

NJ

Zip Code

08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42625

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42957

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42569

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

137.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 GILSON

Mailing Address 2 PELL FARM ROAD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42879

Amount of Each Receipt this Period

192.25

**B.**

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES UHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42519

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MS AUDREY GOODMAN

Mailing Address 26 HILLSIDE AVE.

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42820

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

399.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

06022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42583

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42641

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42662

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42700

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42573

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42535

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42775

Amount of Each Receipt this Period

192.25

**B.**

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS &amp; ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42883

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42846

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

267.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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 CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42564

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS SHANA HART

Mailing Address 5505 CEDAR CREEK DRIVE

City

SNYDER

State

TX

Zip Code

79549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42697

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42517

Amount of Each Receipt this Period

192.25

**SUBTOTAL** of Receipts This Page (optional) .....

227.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 BILL HEAD

Mailing Address 501 SLATERS LANE  
#816

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42939

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code  
PHOENIX AZ 85029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42592

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS EILEEN HEINZ

Mailing Address 27 DOGWOOD LN

City State Zip Code  
MONTVALE NJ 07645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42876

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 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  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42574

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code  
FLANDERS NJ 07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42653

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City State Zip Code  
BUTLER NJ 07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42672

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City

FLORHAM PARK

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42745

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42821

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42667

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42734

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City

COLUMBUS

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42749

Amount of Each Receipt this Period

4.17

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42771

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

134.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.18

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42959

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 30 AVENUE AT PORT IMPERIAL  
APT. 415

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42943

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City

GALENA

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42750

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JANE HULSE

Mailing Address 95 GORDON RD

City

ESSEX FELLS

State

NJ

Zip Code

07021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42807

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42521

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42531

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 TERESE JACKSON

Mailing Address 6085 S. PRESTON LANE

City

NEW BERLIN

State

WI

Zip Code

53151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42575

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42857

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42870

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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)  
ROBERT JINKS

Mailing Address 22 PAGE AVE

City State Zip Code  
LYNDHURST NJ 07071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42566

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42701

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City State Zip Code  
HENDERSON NV 89052

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 ▼

863.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42823

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42696

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42801

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42683

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42891

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42739

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42556

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 32 ADDISON DR

City

FAIRFIELD

State

NJ

Zip Code

07004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42847

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42727

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42859

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42898

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR JON KLINE

Mailing Address 36 CORTLAND TL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1314.04

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42893

Amount of Each Receipt this Period

50.54

**C.**

Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42851

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City State Zip Code  
BOWLING GREEN OH 43402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42580

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42610

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42780

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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 KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42833

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42769

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42729

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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)

JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42928

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42720

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42622

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42671

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE  
UNIT G

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42873

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MAHON

Mailing Address 64 PHEASANT HILL DRIVE

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42931

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City

HO HO KUS

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT &amp; CHANNEL MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42655

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42533

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42789

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

110.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 GARY MARGIOTTA

Mailing Address 8 HEATHER HILL WAY

City

MENDHAM

State

NJ

Zip Code

07945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42649

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42607

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42679

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42635

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42590

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42824

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

409.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 211 / 310

(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 TERENCE MAYTIN

Mailing Address 496 FRANKLIN AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42630

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42726

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42660

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 310

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☒ 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 DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City

OWASSO

State

OK

Zip Code

74055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42945

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42772

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42728

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42866

Amount of Each Receipt this Period

192.25

**B.**

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42572

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42539

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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 KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42532

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42881

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42545

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42642

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42652

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42522

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42825

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD MOUNTJOY

Mailing Address 2 STONEBRIDGE RD

City

SPARTA

State

NJ

Zip Code

07871

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42860

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN MURPHY, JR

Mailing Address 80 PARKWAY

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP MARKET STRATEGY AND DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3451.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42577

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

262.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42578

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42608

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42865

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MKTING & STRATEGIC ANAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42719

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLLEEN O'BRIEN

Mailing Address 30 BELCHER ROAD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42733

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42848

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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 SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42546

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42798

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42841

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42932

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42703

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42786

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 221 / 310

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42785

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42781

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42698

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 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 PALOMBO

Mailing Address 19 E. HOLLYWOOD LANE

City

BEESLEY'S POINT

State

NJ

Zip Code

08223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42895

Amount of Each Receipt this Period

9.61

**B.**

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42920

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW PATELLA

Mailing Address 30 TAM O SHANTER DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42563

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

44.61

**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  
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FOR LINE NUMBER: PAGE 223 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42663

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City

LAS VEGAS

State

NV

Zip Code

89147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42767

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1771 PRESCOTT LANE

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42675

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42629

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42534

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42633

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City

DUNNELLON

State

FL

Zip Code

34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42850

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42751

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42712

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42817

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42886

Amount of Each Receipt this Period

192.25

**C.**

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST  
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42880

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42905

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42558

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JOANN REED

Mailing Address 4 ANTLER CT

City

MATAWAN

State

NJ

Zip Code

07747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42806

Amount of Each Receipt this Period

65.38

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42709

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City

NORWALK

State

CT

Zip Code

06850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42650

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42852

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

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 ▼

1820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42902

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42589

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42901

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42648

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42818

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHERJOHN ROWLAND

Mailing Address 16725 OLIVE CIRCLE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42549

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

252.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 5201 RIO VISTA DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42814

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42665

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42762

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2036.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42805

Amount of Each Receipt this Period

78.34

**B.**

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42834

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42693

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

128.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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 MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42593

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42810

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TRINA SAYLER

Mailing Address 56 LAKESIDE DRIVE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42867

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ANALYTICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42813

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42644

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 3556 DAVIS

City

EVANSTON

State

IL

Zip Code

60203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42585

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42537

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City State Zip Code  
MAPLE GROVE MN 55311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42854

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City State Zip Code  
PICKERINGTON OH 43147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42740

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42530

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42560

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42877

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2065.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42725

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42544

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42601

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 310

(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)

ALEXANDER SHEKHAR

Mailing Address 211 CROYDON AVENUE

City

ROCKVILLE

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS & MKT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42948

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42523

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42689

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 239 / 310

(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 ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42615

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNE SIGILLITO

Mailing Address 178 LEXINGTON AVE.

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR GENERIC STRAT & CUST DV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42527

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MS JODI SILBERMANN

Mailing Address 16 TULIP LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42826

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42705

Amount of Each Receipt this Period

192.25

**B.**

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42861

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42735

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

292.25

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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 SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42559

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42688

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42691

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS COLLEEN SMITH

Mailing Address 1241 CHENILLE CIR

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42669

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42832

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42894

Amount of Each Receipt this Period

192.25

**SUBTOTAL** of Receipts This Page (optional) .....

252.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 310

(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 ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City

PINE BROOK

State

NJ

Zip Code

07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42919

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

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 ▼

737.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42753

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42538

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 310

(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 CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42816

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42864

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42636

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 310

(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 STANLEY STEFANSKI

Mailing Address 24 CASTLETON DRIVE

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42524

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42681

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42882

Amount of Each Receipt this Period

192.25

**SUBTOTAL** of Receipts This Page (optional) .....

252.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 310

(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 GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City

OAKLAND

State

NJ

Zip Code

07436

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42637

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42550

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42926

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42584

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42862

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2969.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42815

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 310

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CS SYSTEMS PLAN &amp; IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42541

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APPT 209

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42605

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42646

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 310

(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 NICHOLAS TAYLOR

Mailing Address 2710 WEXFORD RD

City

UPPER ARLINGTON

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42887

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42614

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	7

Transaction ID: INC.A.42793

Amount of Each Receipt this Period

4.41

SUBTOTAL of Receipts This Page (optional) .....

54.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 310

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City State Zip Code  
EVANSTON IL 60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42547

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42661

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42718

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42551

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONNA TOPOLSKI

Mailing Address 128 MANHATTAN TERRACE

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42849

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City

HILLIARD

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SUPV INVENTORY CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42755

Amount of Each Receipt this Period

4.28

**SUBTOTAL** of Receipts This Page (optional) .....

79.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42732

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42868

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42657

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42960

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42567

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42723

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42603

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42599

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42520

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42910

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL WAIBEL

Mailing Address N48 W16381 LONE OAK LN

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42682

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42788

Amount of Each Receipt this Period

192.25

**SUBTOTAL** of Receipts This Page (optional) .....

232.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42536

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42912

Amount of Each Receipt this Period

192.25

**C.**

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 ▼

912.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42737

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.25

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 26072 HARBOR VIEW

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42554

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42782

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS DONNA WEATHERS

Mailing Address 1043 BELL STREET

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42713

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 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 ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42716

Amount of Each Receipt this Period

100.00

**B.**

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  
PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42624

Amount of Each Receipt this Period

192.25

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42710

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

367.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 WHITE

Mailing Address 2241 E. PINCHOT AVE.  
#17F

City State Zip Code  
PHOENIX AZ 85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42542

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City State Zip Code  
VERONA NJ 07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42812

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City State Zip Code  
TOWACO NJ 07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42639

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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 ELISSA WOJTOWICZ, RPH

Mailing Address 325 BOUND BROOK AVE.

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42552

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42907

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA WOOD

Mailing Address 4002 FALCON LAKE DR

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42796

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42856

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42597

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42699

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42770

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CONSOLIDATION PLAN & RPRT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42827

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 7

Transaction ID: INC.A.42917

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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)

JEAN K. BERGWALL

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42969

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42970

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCE AND CLIENT SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42971

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

RUSS M. BOURNE

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42972

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 1620 CENTURY CENTER PARKWAY

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
DIRECTOR - PRODUCT LINE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42974

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

AMANDA J. BUNDY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42975

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BRIAN A. BURFORD

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42976

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH A. CASACCIA, JR.

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR SPECIALITY OPS CUST SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42977

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

NICHOLAS CLIFTON

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42978

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME 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 A. COOLE

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP TAX & REGULATORY REPORTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42979

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

WARREN J. DAVIS

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42980

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE R. DERRYBERRY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42981

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42982

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

SUMIT DUTTA

Mailing Address 534 HUDSON ST. #3C

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO NOVA FACTOR

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42983

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

REBECCA R. DYER

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42984

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP - HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42985

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

CHAD FOREMAN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42986

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR  
#222

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42987

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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)

ROBERT FURTH

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42988

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

SHARON D. HARRIS

Mailing Address 186 N. WHITE STATION RD.

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIRECTOR - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42989

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP - OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42990

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH A. HOLLOWAY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

SR LEGAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42991

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42992

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIRECTOR - MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42993

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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)

JAMES P. LANGLEY

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42994

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42995

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

SHELLY I. MARTIN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42996

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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)

THOMAS O. MARTIN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP CORP STRAT BUS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42997

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS S. MCCANN

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42998

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

GENERAL MANAGER - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.42999

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(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)  
SUZANNE RICHARDS

Mailing Address 21357 WEST 115TH TERRACE

City State Zip Code  
ORATHE KS 66061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
SR MGR - BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.43001

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
BARRY SOUTHERN

Mailing Address 1640 CENTURY CENTER PKWY.

City State Zip Code  
MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.43002

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
PETER A. STARK

Mailing Address 1670 CENTURY CENTER PARKWAY

City State Zip Code  
MEMPHIS TN 38134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation  
GROUP VICE-PRESIDENT - CORPORATE FINAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: INC.A.43003

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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)

CHANTAL D. VEEVAETE

Mailing Address 7292 OAKVILLE DR.

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VICE PRESIDENT, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: INC.A.43004

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: INC.A.43005

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1640 CENTURY CENTER PKWY.

City

MEMPHIS

State

TN

Zip Code

38134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: INC.A.43006

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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 MARIA ANDERSON

Mailing Address 4605 W SUNSET BLVD

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CUST SVC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43298

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1042.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43391

Amount of Each Receipt this Period

23.00

**C.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43443

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

43.00

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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43025

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43192

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43256

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43123

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

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 ▼

1791.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43373

Amount of Each Receipt this Period

34.45

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43262

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

109.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 278 / 310

(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 ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43064

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR J. HOLLINGER

Mailing Address 784 CAPE HENRY DR

City

COLUMBUS

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43246

Amount of Each Receipt this Period

4.17

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

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 ▼

863.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43323

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

41.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 310

(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 ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43118

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43406

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43205

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 310

(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 FRANK SCHULTE

Mailing Address 2121 AMERICA'S CUP CIR

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43140

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR OPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2065.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43222

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

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 ▼

737.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43250

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 310

(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 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  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43142

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MR LARRY THOMAS

Mailing Address 3915 SILKWOOD TRAIL

City	State	Zip Code
ARLINGTON	TX	76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
MANAGING PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43291

Amount of Each Receipt this Period

4.41

**C.**Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City	State	Zip Code
LAS VEGAS	NV	89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	7

Transaction ID: INC.A.43215

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

79.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 310

(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 HECTOR TORRES

Mailing Address 6023 HOMESTEAD COURT

City

HILLIARD

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SUPV INVENTORY CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.56

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43252

Amount of Each Receipt this Period

4.28

**B.**

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 ▼

912.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: INC.A.43234

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

54.28

**TOTAL** This Period (last page this line number only) .....

40340.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 310

(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)

BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City

CORTE MADERA

State

CA

Zip Code

94925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.07

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: INC.A.43007

Amount of Each Receipt this Period

109.78

INTEREST EARNED

**SUBTOTAL** of Receipts This Page (optional) .....

109.78

**TOTAL** This Period (last page this line number only) .....

109.78

# **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 284 / 310

<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)

BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City  
THE WOODLANDS

State  
TX

Zip Code  
77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
KEVIN BRADY

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: EXP.B.41988

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

DON PAYNE FOR CONGRESS

Mailing Address P.O. BOX 2406

City  
NEWARK

State  
NJ

Zip Code  
07114

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
DONALD M. PAYNE

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 10

Transaction ID: EXP.B.41993

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

LAUTENBERG FOR SENATE

Mailing Address P.O. BOX 200596  
RIVERFRONT PLAZA STATION

City  
NEWARK

State  
NJ

Zip Code  
07102

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
FRANK R. LAUTENBERG

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP.B.41992

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 286 / 310

<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)

JOHANNES VICTORY 2008 COMMITTEE

Mailing Address P.O. BOX 80297

City  
LINCOLN

State  
NE

Zip Code  
68501

Purpose of Disbursement

Candidate Name

MICHAEL O. JOHANNES

Office Sought:

☐ House

☒ Senate

☐ President

State: NE

District:

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: EXP.B.42035

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

11000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 287 / 310

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR DAN BLUE	<b>Transaction ID:</b> EXP.B.41946 <b>Date of Disbursement</b>
Mailing Address 205 FAYETTEVILLE ST., STE. 300	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City RALEIGH State NC Zip Code 27602	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	
<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS WITH CELESTE	<b>Transaction ID:</b> EXP.B.41929 <b>Date of Disbursement</b>
Mailing Address 1632 W. FIRST AVE.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City COLUMBUS State OH Zip Code 43212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>250.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	
<b>C.</b> Full Name (Last, First, Middle Initial) CLARK JENKINS FOR N.C. SENATE	<b>Transaction ID:</b> EXP.B.41911 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 310	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City TARBORO State NC Zip Code 27886	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 288 / 310

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) COLBY SCHWARTZ FOR STATE HOUSE 2008	<b>Transaction ID:</b> EXP.B.41935																				
Mailing Address 12228 SW. 7TH CIR.	Date of Disbursement																				
City YUKON State OK Zip Code 73099	<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>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	0	7												
Purpose of Disbursement	Amount of Each Disbursement this Period																				
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HUGH HOLLIMAN	<b>Transaction ID:</b> EXP.B.41921																				
Mailing Address 103 SAPONA RD.	Date of Disbursement																				
City LEXINGTON State NC Zip Code 27295	<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>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	0	7												
Purpose of Disbursement	Amount of Each Disbursement this Period																				
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JEFF BARNHART	<b>Transaction ID:</b> EXP.B.41916																				
Mailing Address P.O. BOX 246	Date of Disbursement																				
City CONCORD State NC Zip Code 28026	<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>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	0	7												
Purpose of Disbursement	Amount of Each Disbursement this Period																				
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 289 / 310

<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)  
**COMMITTEE TO ELECT RICK GLAZIER**

Mailing Address 1200 MURCHISON RD.

City FAYETTEVILLE State NC Zip Code 28301

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41919

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO RE-ELECT SENATOR TONY RAND COMMITTEE**

Mailing Address 2008 LITHO PL.

City FAYETTEVILLE State NC Zip Code 28304

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41913

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COOPER FOR ATTORNEY GENERAL**

Mailing Address P.O. BOX 10587

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41907

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2250.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 290 / 310

<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)

COX FOR STATE REPRESENTATIVE 2008

Mailing Address 33471 S. 595 RD.

City  
GROVEState  
OKZip Code  
74344

Purpose of Disbursement

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District:

Transaction ID: EXP.B.41932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

CRAWFORD COMMITTEE

Mailing Address 509 COLLEGE ST.

City  
OXFORDState  
NCZip Code  
27565

Purpose of Disbursement

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.41917

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH ROSS FOR REPRESENTATIVE

Mailing Address 425 S. BOYLAN ST.

City  
RALEIGHState  
NCZip Code  
27603

Purpose of Disbursement

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.41924

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 291 / 310

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CHARLES CURTISS	<b>Transaction ID:</b> EXP.B.41943 <b>Date of Disbursement</b>
Mailing Address 120 GENERAL JONES RD.	<div> <div>12</div> <div>07</div> <div>2007</div> </div>
City SPARTA State TN Zip Code 38583	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CRAIG FITZHUGH	<b>Transaction ID:</b> EXP.B.41944 <b>Date of Disbursement</b>
Mailing Address 135 S. ALPINE ST.	<div> <div>12</div> <div>07</div> <div>2007</div> </div>
City RIPLEY State TN Zip Code 38063	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF HEARD	<b>Transaction ID:</b> EXP.B.41930 <b>Date of Disbursement</b>
Mailing Address 2603 BURNABY DR.	<div> <div>12</div> <div>07</div> <div>2007</div> </div>
City COLUMBUS State OH Zip Code 43209	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>250.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 292 / 310

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM KYLE	<b>Transaction ID:</b> EXP.B.41938 <b>Date of Disbursement</b>
Mailing Address 100 PEABODY PL., STE. 1250	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City MEMPHIS State TN Zip Code 38103	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text" value="1000.00"/>
Candidate Name NON-FEDERAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIMMY NAIFEH	<b>Transaction ID:</b> EXP.B.41945 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 97	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City COVINGTON State TN Zip Code 38019	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text" value="1500.00"/>
Candidate Name NON-FEDERAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE ARMSTRONG	<b>Transaction ID:</b> EXP.B.41942 <b>Date of Disbursement</b>
Mailing Address 4708 HILLDALE DR.	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City KNOXVILLE State TN Zip Code 37914	Amount of Each Disbursement this Period
Purpose of Disbursement	<input type="text" value="500.00"/>
Candidate Name NON-FEDERAL CONTRIBUTION	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 293 / 310

<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)  
FRIENDS OF KEN MILLER 2008

Mailing Address P.O. BOX 7161

City EDMOND State OK Zip Code 73083

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.41933

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF RANDY MCNALLY

Mailing Address 94 ROYAL TROON RD.

City OAK RIDGE State TN Zip Code 37830

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.41939

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF RON RAMSEY

Mailing Address 3311 HWY. 126

City BLOUNTVILLE State TN Zip Code 37617

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.41940

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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 294 / 310

<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)  
FRIENDS OF RUSTY CROWE

Mailing Address 808 E. 8TH AVE.

City JOHNSON CITY State TN Zip Code 37601

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

State: TN District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP.B.41937

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF STEVE SOUTHERLAND

Mailing Address 4648 HARBOR DR.

City MORRISTOWN State TN Zip Code 37814

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

State: TN District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP.B.41948

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
HARTSELL - STATE SENATOR COMMITTEE

Mailing Address P.O. BOX 368

City CONCORD State NC Zip Code 27856

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

State: NC District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP.B.41910

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 295 / 310

<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)  
JACKSON FOR HOUSE SEAT 40 2008

Mailing Address 2906 CELLAR DOOR LN.

City ENID State OK Zip Code 73703

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.41947

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
JOE HACKNEY FOR HOUSE COMMITTEE

Mailing Address P.O. BOX 1329

City CHAPEL HILL State NC Zip Code 27514

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41920

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
KENTUCKY HOUSE DEMOCRATIC CAUCUS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 694

City FRANKFORT State KY Zip Code 40604

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: KY District:

Transaction ID: EXP.B.41906

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 296 / 310

<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)

KENTUCKY SENATE REPUBLICAN CAUCUS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 1068

City  
FRANKFORTState  
KYZip Code  
40602

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ President

State: KY District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: EXP.B.41905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MARC BASNIGHT COMMITTEE

Mailing Address 220 HILLSBOROUGH ST.

City  
RALEIGHState  
NCZip Code  
27603

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ President

State: NC District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: EXP.B.41908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

NORTH CAROLINA REPUBLICAN SENATE COMMITTEE

Mailing Address 1506 HILLSBOROUGH ST.

City  
RALEIGHState  
NCZip Code  
27603

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ President

State: NC District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: EXP.B.41926

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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 297 / 310

<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)

OWENS FOR N.C. HOUSE

Mailing Address P.O. BOX 537

City  
ELIZABETH CITY

State  
NC

Zip Code  
27907

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.41923

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

PHIL BERGER COMMITTEE

Mailing Address 311 PINEWOOD PL.

City  
EDEN

State  
NC

Zip Code  
27289

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.41909

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

PRYOR GIBSON GOOD GOVERNMENT COMMITTEE

Mailing Address P.O. BOX 1010

City  
WADESBORO

State  
NC

Zip Code  
28170

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Transaction ID: EXP.B.41918

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 298 / 310

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) PURCELL FOR N.C. SENATE COMMITTEE	<b>Transaction ID:</b> EXP.B.41912 <b>Date of Disbursement</b>
Mailing Address 1301 DUNBAR DR.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City LAURINBURG State NC Zip Code 28352	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) R.C. SOLES JR. FOR SENATE	<b>Transaction ID:</b> EXP.B.41914 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 6	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City TABOR CITY State NC Zip Code 28463	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RED HARLOW PAC	<b>Transaction ID:</b> EXP.B.41936 <b>Date of Disbursement</b>
Mailing Address 517 NW. 22ND ST.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City OKLAHOMA CITY State OK Zip Code 73103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 299 / 310

<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)  
SENATE DEMOCRATIC COMMITTEE

Mailing Address 220 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41928

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
SWINDELL FOR SENATE COMMITTEE

Mailing Address 700 BIRCHWOOD DR.

City NASHVILLE State NC Zip Code 27856

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CANDIDATE

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41915

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
THE EARL JONES CAMPAIGN

Mailing Address 21 LONEY CIR.

City GREENSBORO State NC Zip Code 27406

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41922

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 300 / 310

<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)  
THE REPUBLICAN HOUSE MAJORITY COMMITTEE

Mailing Address 1506 HILLSBOROUGH ST.

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41927

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
TODD LAMB FOR STATE SENATE 2008

Mailing Address 2300 N. LINCOLN BLVD.

City OKLAHOMA CITY State OK Zip Code 73150

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District:

Transaction ID: EXP.B.41931

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
WAINWRIGHT FOR N.C. HOUSE

Mailing Address P.O. BOX 33

City HAVELOCK State NC Zip Code 28532

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.41925

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 301 / 310

<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)  
CAROL ROESSLER COMMITTEE

Mailing Address 1506 JACKSON ST.

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 18

Transaction ID: EXP.B.42041

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
JOE LEIBHAM COMMITTEE

Mailing Address 3618 RIVER RIDGE DR.

City SHEBOYGAN State WI Zip Code 53083

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 09

Transaction ID: EXP.B.42040

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
TED KANAVAS COMMITTEE

Mailing Address P.O. BOX 427

City BROOKFIELD State WI Zip Code 53008

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 33

Transaction ID: EXP.B.42039

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 302 / 310

<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)  
ASSEMBLY REPUBLICAN VICTORY '07

Mailing Address P.O. BOX 154

City SKILLMAN State NJ Zip Code 08558

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District:

Transaction ID: EXP.B.42045

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
BARRETT FOR REPRESENTATIVE

Mailing Address 354 GOLDEN RUSSETT BLVD.

City AMHERST State OH Zip Code 44001

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42054

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
BATCHELDER FOR REPRESENTATIVE COMMITTEE

Mailing Address 105 W. LIBERTY ST.

City MEDINA State OH Zip Code 44256

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42055

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 303 / 310

<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)

COMMITTEE FOR JIM HUGHES

Mailing Address 14 E. GAY ST., 2ND FL.

City  
COLUMBUSState  
OHZip Code  
43215

Purpose of Disbursement

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.42051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	7	

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE FOR LARRY FLOWERS

Mailing Address 14 E. GAY ST., 2ND FLOOR

City  
COLUMBUSState  
OHZip Code  
43215

Purpose of Disbursement

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.42059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	7	

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT CLIFF HITE

Mailing Address 2417 WESTMOOR RD.

City  
FINDLAYState  
OHZip Code  
45840

Purpose of Disbursement

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

Transaction ID: EXP.B.42060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	7	

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

750.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 304 / 310

<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)  
COMMITTEE TO ELECT LYNN WACHTMANN

Mailing Address 550 EUCLID AVE.

City NAPOLEON State OH Zip Code 43545

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42066

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT NIEHAUS

Mailing Address 1131 LITTLE INDIAN CREEK RD.

City NEW RICHMOND State OH Zip Code 45157

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42052

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DAN STEWART FOR STATE REPRESENTATIVE

Mailing Address 363 DEMOREST RD.

City COLUMBUS State OH Zip Code 43204

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42063

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 310

<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)**  
**DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 3712

City TRENTON State NJ Zip Code 08629

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
 State: NJ District:

**Transaction ID: EXP.B.42046**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**B. Full Name (Last, First, Middle Initial)**  
**FRIENDS OF ARMOND BUDISH**

Mailing Address 23240 CHAGRIN BLVD., BLDG. 4, STE.

City BEACHWOOD State OH Zip Code 44122

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: OH District:

**Transaction ID: EXP.B.42056**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C. Full Name (Last, First, Middle Initial)**  
**FRIENDS OF BILL COLEY**

Mailing Address 8265 CHERRY LAUREL DR.

City MIDDLETOWN State OH Zip Code 45044

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: OH District:

**Transaction ID: EXP.B.42057**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**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 306 / 310

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF FABER	<b>Transaction ID:</b> EXP.B.42050 <b>Date of Disbursement</b>																				
Mailing Address 7706 STATE RTE. 703	<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>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	7													
City State Zip Code CELINA OH 45822	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
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: OH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MATT SZOLLOSI	<b>Transaction ID:</b> EXP.B.42064 <b>Date of Disbursement</b>																				
Mailing Address 3166 N. REPUBLIC BLVD.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	7													
City State Zip Code TOLEDO OH 43615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
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: OH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHANNON JONES	<b>Transaction ID:</b> EXP.B.42062 <b>Date of Disbursement</b>																				
Mailing Address 800 VALLEY VIEW POINT	<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>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	7													
City State Zip Code SPRINGBORO OH 45066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
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: OH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**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 307 / 310

<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)  
FRIENDS OF TIMOTHY J. DEGEETER

Mailing Address 5580 RIDGE RD.

City State Zip Code  
PARMA OH 44129

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42058

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF TODD EACHUS

Mailing Address P.O. BOX 2174

City State Zip Code  
HAZLETON PA 18201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District:

Transaction ID: EXP.B.42067

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
JIMMY STEWART FOR STATE REPRESENTATIVE

Mailing Address 477 RICHLAND AVE.

City State Zip Code  
ATHENS OH 45701

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: EXP.B.42065

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

<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

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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 309 / 310

<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)

SENATE REPUBLICAN MAJORITY

Mailing Address 370 TALL TREE CT.

City  
JACKSON

State  
NJ

Zip Code  
08527

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District:

**Transaction ID:** EXP.B.42048

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

TEAM COUGHLIN

Mailing Address 2324 IOTA AVE.

City  
CUYAHOGA FALLS

State  
OH

Zip Code  
44223

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District:

**Transaction ID:** EXP.B.42049

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

37250.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 310 / 310

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

 Nature of Debt (Purpose):  
 LEGAL SERVICES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City	State	ZIP Code
MILL VALLEY	CA	94941

Outstanding Balance Beginning This Period

2026.50

Transaction ID: PAY:D:42033

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2026.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2026.50

2) **TOTALS** This Period (last page this line number only)..... ▶

2026.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

2026.50