

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 195
	<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)

Full Name (Last, First, Middle Initial) <b>A. MR ANTHONY ZOLFO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address 726 HIGH MOUNTAIN ROAD		<b>Transaction ID: INC:A:24220</b>	
City State Zip Code FRANKLIN LAKES NJ 07417	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation ASST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. JOSIE HOECK</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 442 RITGER CIRCLE		<b>Transaction ID: INC:A:23818</b>	
City State Zip Code ALLETON WI 53002	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIRECTOR, BUSINESS SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. SHERYL STEINBERG MACHLOWITZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 816 NANCY WAY		<b>Transaction ID: INC:A:24241</b>	
City State Zip Code WESTFIELD NJ 07090	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	50147.66