

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 310 OF 440              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MR MICHAEL KRZAN</b>   |                                      | Date of Receipt   |
| Mailing Address 2735 YORK RD  |                                      | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City  | State                                | Zip Code  |
| COLUMBUS  | OH                                   | 43221   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : INCA107098</b>  |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
| MEDCO HEALTH SOLUTIONS  | SVP MEMBER SVCS                      | <input type="text" value="200.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="4400.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MR DEEPAK KUMAR</b>  |                                     | Date of Receipt   |
| Mailing Address 16 NORTH ROAD   |                                     | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| KINNELON  | NJ                                  | 07405   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : INCA106996</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MEDCO HEALTH SOLUTIONS  | DIR TECHNOLOGY                      | <input type="text" value="25.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="550.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MR MANOJ KUMAR</b>   |                                     | Date of Receipt   |
| Mailing Address 7 SUNRISE WAY   |                                     | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| TOWACO  | NJ                                  | 07082   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : INCA107034</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MEDCO HEALTH SOLUTIONS  | BUSINESS PROCESS CHAMPION           | <input type="text" value="30.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="660.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="255.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |