

**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 114 / 214
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR DAVID MACHLOWITZ

Mailing Address 816 NANCY WAY

City WESTFIELD State NJ Zip Code 07090

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation SR. VP, GENERAL COUNSEL & SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: INC.A.34110

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
PAMELA MILLER

Mailing Address 158 SUMMIT AVE

City HACKENSACK State NJ Zip Code 07601

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

Name of Employer MEDCO HEALTH SOLUTIONS Occupation VICE PRESIDENT OF MARKET STRATEGY AND

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: INC.A.34113

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
MARGERY F NATHANSON

Mailing Address 100 WINSTON DRIVE, NO 16C N

City CLIFFSIDE PARK State NJ Zip Code 07010

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

Name of Employer MEDCO HEALTH SERVICES, IN-C. Occupation ASSISTANT 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
 0 5 / 2 2 / 2 0 0 7

Transaction ID: INC.A.34112

Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional)	▶	7150.00
TOTAL This Period (last page this line number only)	▶	