

**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 22 OF 34
	<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)

Full Name (Last, First, Middle Initial) A. MR STEPHEN HOBSON		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2012
Mailing Address 16 LUTH TERRACE		Transaction ID : INCA110799
City WEST ORANGE	State NJ	Zip Code 07052
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP PHARMACY OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) B. KENNETH KLEPPER		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2012
Mailing Address 295 GLEN PLACE		Transaction ID : INCA110936
City FRANKLIN LAKES	State NJ	Zip Code 07417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.30	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation PRES & CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) C. MR MICHAEL KRZAN		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2012
Mailing Address 2735 YORK RD		Transaction ID : INCA110872
City COLUMBUS	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation SVP MEMBER SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	584.30
TOTAL This Period (last page this line number only).....▶	