

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

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

FOR LINE NUMBER: PAGE 45 / 230

(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)

Full Name (Last, First, Middle Initial) A. MS PATRICIA MAZZONE		Date of Receipt M / D / Y 11 / 27 / 2004
Mailing Address 58 PENDBSCOT ST		Transaction ID: INC:A:10452
City	State	Zip Code
CLIFTON	NJ	07013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation DIR HLTH MGMT	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR THOMAS McDONALD		Date of Receipt M / D / Y 11 / 27 / 2004
Mailing Address 0-45 27TH ST		Transaction ID: INC:A:10489
City	State	Zip Code
FAIR LAWN	NJ	07410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation TECHNICAL SPECIALIST	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS COLLEEN MCINTOSH		Date of Receipt M / D / Y 11 / 27 / 2004
Mailing Address 87 ROSELAWN RD		Transaction ID: INC:A:10454
City	State	Zip Code
HIGHLAND MILLS	NY	10530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 205.00
Name of Employer MEDCO HEALTH SOLUTIONS	Occupation COUNSEL	Aggregate Year-to-Date ▼ 3000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	