

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

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

FOR LINE NUMBER: PAGE 1077 / 1314  
(check only one)  
 11a     11b     11c     12  
           13        14        15        16        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. PAMELA MILLER</b>  |   | Date of Receipt<br>M / D / Y<br>12 / 02 / 2005 |
| Mailing Address 158 SUMMIT AVE                                      |   | Transaction ID: INC:A:18544                    |
| City  | State   | Zip Code                                       |
| HACKENSACK  | NJ  | 07601  |
| FEC ID number of contributing federal political committee. <b>C</b> |   | Amount of Each Receipt this Period<br>1500.00  |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                          | Occupation<br>VICE PRESIDENT OF MARKET STRATEGY AND | Aggregate Year-to-Date ▼<br>1500.00            |
| Receipt For:<br>Primary          General<br>Other (specify) ▼       |   |  |

|  |                            |  |
|--|----------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MS MARIA ANDERSON</b> |                            | Date of Receipt<br>M / D / Y<br>12 / 03 / 2005 |
| Mailing Address 4805 W SUNSET BLVD                                     |                            | Transaction ID: INC:A:19746                    |
| City   | State                      | Zip Code                                       |
| TAMPA  | FL                         | 33629  |
| FEC ID number of contributing federal political committee. <b>C</b>    |                            | Amount of Each Receipt this Period<br>5.00     |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                             | Occupation<br>DIR CUST SVC | Aggregate Year-to-Date ▼<br>285.00             |
| Receipt For:<br>Primary          General<br>Other (specify) ▼          |                            |  |

|   |                     |  |
|---|---------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MR KENNETH DANIELS</b> |                     | Date of Receipt<br>M / D / Y<br>12 / 03 / 2005 |
| Mailing Address 2903 CHUKKAR COURT                                      |                     | Transaction ID: INC:A:19711                    |
| City  | State               | Zip Code                                       |
| PLANT CITY  | FL                  | 33567  |
| FEC ID number of contributing federal political committee. <b>C</b>     |                     | Amount of Each Receipt this Period<br>25.00    |
| Name of Employer<br>MEDCO HEALTH SOLUTIONS                              | Occupation<br>VP/GM | Aggregate Year-to-Date ▼<br>1325.00            |
| Receipt For:<br>Primary          General<br>Other (specify) ▼           |                     |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1530.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |