

**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 13 / 342
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MS MARILYN WOLLETT		Date of Receipt																					
	Mailing Address 8174 MT AIR PL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	0	6														
	City State Zip Code COLUMBUS OH 43235		<b>Transaction ID:</b> INCA28274																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00																						
Name of Employer Occupation MEDCO HEALTH SOLUTIONS DIR PHARM PRACTICE																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1175.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) DONA K. CROTTS		Date of Receipt																					
	Mailing Address 15614 E. CHOLLA DR.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	4		2	0	0	6														
	City State Zip Code FOUNTAIN HILLS AZ 85268-4313		<b>Transaction ID:</b> INCA28041																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1300.00																						
Name of Employer Occupation MEDCO HEALTH SOLUTIONS EXECUTIVE DIRECTOR, BUSINESS REQUIREME																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) LAIZER D. KORNWASSER		Date of Receipt																					
	Mailing Address 393 EDGEWOOD AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	4		2	0	0	6														
	City State Zip Code TEANECK NJ 07666		<b>Transaction ID:</b> INCA28042																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1400.00																						
Name of Employer Occupation MEDCO HEALTH SOLUTIONS IN-C. SENIOR VICE PRESIDENT, BUSINESS DEVELO																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2725.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	