

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. NEW PIONEERS PAC

Mailing Address 228 SOUTH WASHINGTON STREET, SUITE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

LEADERSHIP PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	2

Transaction ID : EXPB113557

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement

011

Category/
Type

Candidate Name

ROB PORTMAN

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	2

Transaction ID : EXPB113550

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address 337 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement

011

Category/
Type

Candidate Name

SCOTT BROWN

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	2

Transaction ID : EXPB113543

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	4	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	4	0	0	0	0	0	0	0	0
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