

**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)

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<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. FERGUSON FOR CONGRESS

Mailing Address 16 MOUNT BETHAL RD., STE. 353

City WARREN State NJ Zip Code 07059

Purpose of Disbursement
MONETARY CONTRIBUTION

Candidate Name
MIKE FERGUSON

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: NJ District: D7

Transaction ID: EXP:B:8000
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. MARTINEZ FOR SENATE

Mailing Address PO BOX 536176

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
MONETARY CONTRIBUTION

Candidate Name
MEL MARTINEZ

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: FL District:

Transaction ID: EXP:B:8003
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. MIKE BILIRAKIS FOR CONGRESS

Mailing Address P.O. BOX 1077

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
MONETARY CONTRIBUTION

Candidate Name
MICHAEL BILIRAKIS

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: FL District: D9

Transaction ID: EXP:B:8001
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶