

**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. MAJORITY COMMITTEE PAC - MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

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

MM / DD / YYYY
12 / 01 / 2011

Transaction ID : EXPB108669

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MARINO FOR CONGRESS

Mailing Address P.O. BOX 368

City Falls Church State VA Zip Code 22040

Purpose of Disbursement

011

Category/Type

Candidate Name

THOMAS ANTHONY MARINO

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2011

Transaction ID : EXPB108667

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address P.O. BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement

011

Category/Type

Candidate Name

DORIS MATSUI

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2011

Transaction ID : EXPB108668

Amount of Each Disbursement this Period

1500.00

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

5000.00

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