

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)

A. Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS INC.

Mailing Address P.O. BOX 640

City State Zip Code
TOTOWA NJ 07511

Purpose of Disbursement

Category/
Type

Candidate Name
PASCRELL FOR CONGRESS INC.

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NJ District: 08

Transaction ID: EXP.B.47568
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
STIVERS FOR CONGRESS

Mailing Address 81 S. FIFTH ST.

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement

Category/
Type

Candidate Name
STIVERS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OH District: 15

Transaction ID: EXP.B.47569
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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