

**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. FRIENDS OF JAY ROCKEFELLER**

Mailing Address P.O. BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
JOHN DAVISON ROCKEFELLER IV

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

Transaction ID: EXP:B:40066

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS**

Mailing Address 7905 MALCOLM RD., STE. 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
STENY HAMILTON HOYER

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: MD District: 5

Transaction ID: EXP:B:40065

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PORTER FOR CONGRESS**

Mailing Address 7840 RED LEAF DR.

City LAS VEGAS State NV Zip Code 89131

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
JON C. PORTER

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: NV District: 3

Transaction ID: EXP:B:40064

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

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

5500.00

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