

**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)

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: EXPB100018 Date of Disbursement
	Mailing Address PO BOX 425	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name THOMAS EDMUNDS PRICE	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS	Transaction ID: EXPB100019 Date of Disbursement
	Mailing Address P.O. BOX 24551	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City PITTSBURGH State PA Zip Code 15234	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name TIM MURPHY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) 2011 SENATORS CLASSIC COMMITTEE	Transaction ID: EXPB100040 Date of Disbursement
	Mailing Address 228 SOUTH WASHINGTON STREET, SUITE	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="10000.00"/>
	Candidate Name JOINT FUNDRAISING COMMITTEE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>