# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

| Use seperate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 288 / 303 |
|---|---|---|

| | 21b | 22 | X 23 | 24 | 25 | 26 |
|---|---|---|---|---|---|---|
| | 27 | 28a | 28b | 28c | 29 | 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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)
ELLEN TAUSCHER FOR CONGRESS

Mailing Address     20 PARK RD., SUITE E

| City | State | Zip Code |
|---|---|---|
| BURLINGAME | CA | 94010 |

Purpose of Disbursement

Candidate Name
ELLEN TAUSCHER

| Category/ Type | 011 |

Office Sought: X House
Senate
President

State: CA     District: 10

Disbursement For:     2006
Primary     X General
Other (specify) ▼

**Transaction ID:** EXP:B:26904
Date of Disbursement
09 / 13 / 2006

Amount of Each Disbursement this Period
1000.00

---

**B.** Full Name (Last, First, Middle Initial)
FRIENDS FOR MIKE MCGAVICK

Mailing Address     P.O. BOX 9247

| City | State | Zip Code |
|---|---|---|
| SEATTLE | WA | 98109 |

Purpose of Disbursement

Candidate Name
MICHAEL SEAN MCGAVICK

| Category/ Type | 011 |

Office Sought: House
X Senate
President

State: WA     District:

Disbursement For:     2006
Primary     X General
Other (specify) ▼

**Transaction ID:** EXP:B:26905
Date of Disbursement
09 / 13 / 2006

Amount of Each Disbursement this Period
1000.00

---

**C.** Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS

Mailing Address     7905 MALCOLM ROAD SUITE 102

| City | State | Zip Code |
|---|---|---|
| CLINTON | MD | 20735 |

Purpose of Disbursement

Candidate Name
STENY HAMILTON HOYER

| Category/ Type | 011 |

Office Sought: X House
Senate
President

State: MD     District: 5

Disbursement For:     2006
Primary     X General
Other (specify) ▼

**Transaction ID:** EXP:B:26901
Date of Disbursement
09 / 13 / 2006

Amount of Each Disbursement this Period
1000.00

---

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

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

FEC **Schedule B (Form 3X )** Rev. 02/2003