

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)

<p>A. NELSON 2006</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO BOX 8666</p> <p>City OMAHA State NE Zip Code 68108</p> <p>Purpose of Disbursement</p> <p>Candidate Name BENJAMIN NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP:B:26936</p> <p>Date of Disbursement</p> <p>09 / 26 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1500.00</p> <p>011 Category/ Type</p>
<p>B. PORTER FOR CONGRESS</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO BOX 26087</p> <p>City LAS VEGAS State NV Zip Code 89126</p> <p>Purpose of Disbursement</p> <p>Candidate Name JON PORTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP:B:27294</p> <p>Date of Disbursement</p> <p>09 / 26 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>011 Category/ Type</p>
<p>C. PUTNAM FOR CONGRESS COMMITTEE</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. BOX 2257</p> <p>City BARTOW State FL Zip Code 33831</p> <p>Purpose of Disbursement</p> <p>Candidate Name ADAM PUTNAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP:B:26930</p> <p>Date of Disbursement</p> <p>09 / 26 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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