

**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)  
ELLEN TAUSCHER FOR CONGRESS

Mailing Address 20 PARK RD., SUITE E

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
ELLEN TAUSCHER FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CA District: 10

Transaction ID: EXP.B.59438  
Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN TANNER

Mailing Address P.O. BOX 1994

City UNION CITY State TN Zip Code 38281

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
FRIENDS OF JOHN TANNER

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: TN District: 08

Transaction ID: EXP.B.59439  
Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. BOX 902

City GAINSVILLE State GA Zip Code 30503

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NATHAN DEAL FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: GA District: 09

Transaction ID: EXP.B.59436  
Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

1500.00

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

5000.00

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