

**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. PROMOTING REPUBLICANS YOU CAN ELECT (PRYCE PROJECT)

Mailing Address 1155 21ST STREET  
NW SUITE 300

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
MONETARY CONTRIBUTION

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: EXP:B:6854  
Date of Disbursement  
08 / 02 / 2004

Amount of Each Disbursement this Period  
1500.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	1500.00