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)
[ ] 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 soliciting 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): ADLER FOR CONGRESS
Mailing Address: 14 KNIGHTSWOOD DRIVE
City: MARLTON State: NJ Zip Code: 08053
Purpose of Disbursement:
Candidate Name: JOHN H. ADLER
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NJ District: 03
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: EXP.B.86541
Date of Disbursement: 09 / 16 / 2010
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): BERKLEY FOR CONGRESS
Mailing Address: 3609 CONQUISTA CT.
City: LAS VEGAS State: NV Zip Code: 89121
Purpose of Disbursement:
Candidate Name: SHELLEY BERKLEY
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NV District: 01
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: EXP.B.86530
Date of Disbursement: 09 / 16 / 2010
Amount of Each Disbursement this Period: 1500.00

C.
Full Name (Last, First, Middle Initial): BLUMENAUER FOR CONGRESS
Mailing Address: 830 NE HOLLADAY, NO. 105
City: PORTLAND State: OR Zip Code: 97232
Purpose of Disbursement:
Candidate Name: EARL BLUMENAUER
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: OR District: 03
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: EXP.B.86531
Date of Disbursement: 09 / 16 / 2010
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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