

**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

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)

Full Name (Last, First, Middle Initial) A. CASTLE CAMPAIGN FUND		Transaction ID: EXP:B:36982 Date of Disbursement																					
Mailing Address P.O. BOX 133		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	1		2	0	0	7														
City WILMINGTON	State DE	Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement		011	1000.00																				
Candidate Name MICHAEL CASTLE		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: DE District: 1																							

Full Name (Last, First, Middle Initial) B. FRIENDS OF JIM SAXTON		Transaction ID: EXP:B:36984 Date of Disbursement																					
Mailing Address POST OFFICE BOX 795		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	1		2	0	0	7														
City MT HOLLY	State NJ	Zip Code 08060	Amount of Each Disbursement this Period																				
Purpose of Disbursement		011	1000.00																				
Candidate Name JIM SAXTON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ District: 03																							

Full Name (Last, First, Middle Initial) C. JIM RAMSTAD VOLUNTEER COMMITTEE		Transaction ID: EXP:B:36983 Date of Disbursement																					
Mailing Address 1809 PLYMOUTH ROAD SOUTH, #310		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	1		2	0	0	7														
City MINNETONKA	State MN	Zip Code 55305	Amount of Each Disbursement this Period																				
Purpose of Disbursement		011	1000.00																				
Candidate Name JAMES M RAMSTAD		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MN District: 03																							

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	