

**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)

Full Name (Last, First, Middle Initial)

A. ALAMO PAC

Mailing Address 1020 NORTH FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111120

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL STREET, SW, SUIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

LEADERSHIP PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111103

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ALTMIRE

Mailing Address P.O. BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement

011

Candidate Name

JASON ALTMIRE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : EXPB111100

Amount of Each Disbursement this Period

2000.00

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

12000.00

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