

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Caremark Rx Inc. Employees Political Action Committee

ADDRESS (number and street)

2211 Sanders Road, 10th Floor

(Check if address is changed)

Northbrook

IL

60062

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-318-7421

2. DATE

01 / 05 / 2007

3. FEC IDENTIFICATION NUMBER

C C00384818

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

James C. Luthin

Signature of Treasurer

Electronically Filed by James C. Luthin

Date

01 / 05 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Caremark Rx Inc. \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address  2211 Sanders Road \_\_\_\_\_

\_\_\_\_\_

Northbrook  IL  60062 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship  Connected Organization \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**Caremark Rx Inc. Employees Political Action Committee**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Chuck Jorgenson**

Mailing Address **9501 East Shea Boulevard**

**Mail Stop 102**

**Scottsdale AZ 85260**

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **480 391 4254**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **James C. Luthin**

Mailing Address **2211 Sanders Road**

**Northbrook IL 60062**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **847 559 4320**

Full Name of Designated Agent **Chuck Jorgenson**

Mailing Address **9501 East Shea Boulevard**

**Mail Stop 102**

**Scottsdale AZ 85260**

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **480 391 4254**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

420 Montgomery Street

San Francisco

CA

94104

CITY ▲

STATE ▲

ZIP CODE ▲