

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Caremark Rx Inc. Employees Political Action Committee

ADDRESS (number and street) 2211 Sanders Road, 10th Floor  
Check if different than previously reported. (ACC) Northbrook IL 60062

2. **FEC IDENTIFICATION NUMBER** C00384818  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report 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 18 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Caremark Rx Inc. Employees Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		355624.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	98996.00									
(c) Total Receipts (from Line 19) .....	25419.00	237491.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	124415.00	593115.00								
7. Total Disbursements (from Line 31) .....	1950.00	470650.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	122465.00	122465.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Caremark Rx Inc. Employees Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24805.00	203784.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	614.00	33707.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25419.00	237491.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25419.00	237491.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25419.00	237491.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25419.00	237491.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	357000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	-1050.00	113650.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1950.00	470650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1950.00	470650.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25419.00	237491.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25419.00	237491.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Samantha D Akins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2700 Milan Ct		Transaction ID: 61227.C21729
City Birmingham	State AL	Zip Code 35211-6919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Caremark	Occupation Dir Pharmacy Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Samantha D Akins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2700 Milan Ct		Transaction ID: 70105.C22154
City Birmingham	State AL	Zip Code 35211-6919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Caremark	Occupation Dir Pharmacy Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Samantha D Akins		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2700 Milan Ct		Transaction ID: 70105.C22368
City Birmingham	State AL	Zip Code 35211-6919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Caremark	Occupation Dir Pharmacy Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lora Armstrong

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21730

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lora Armstrong

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22155

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lora Armstrong

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22369

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Kray Arnold		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 E Shea Blvd		Transaction ID: 61227.C21731	
City Scottsdale	State AZ	Zip Code 85260-6719	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation MGR IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kray Arnold		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 E Shea Blvd		Transaction ID: 70105.C22156	
City Scottsdale	State AZ	Zip Code 85260-6719	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation MGR IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kray Arnold		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 E Shea Blvd		Transaction ID: 70105.C22370	
City Scottsdale	State AZ	Zip Code 85260-6719	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation MGR IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Loretta Katherine Ashby		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61227.C21732	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Loretta Katherine Ashby		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 70105.C22157	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Loretta Katherine Ashby		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 70105.C22371	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Audley

Mailing Address 7034 Alamo Downs Parkway

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1848.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21733

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Audley

Mailing Address 7034 Alamo Downs Parkway

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1925.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22158

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Audley

Mailing Address 7034 Alamo Downs Parkway

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2002.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22372

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	231.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Neal Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 61227.C21734	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1848.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Neal Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22159	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1925.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Neal Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22373	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 2002.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert Baldino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21735	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1848.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Baldino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22160	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1925.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Baldino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22374	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 2002.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Lauren Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61227.C21736	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP STATE GOVERNMENT RELATIONS		Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Lauren Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 70105.C22161	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP STATE GOVERNMENT RELATIONS		Aggregate Year-to-Date ▼ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Lauren Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 70105.C22375	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP STATE GOVERNMENT RELATIONS		Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert Banuelos

Mailing Address 15803 Strickland Court

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21737

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert Banuelos

Mailing Address 15803 Strickland Court

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22162

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Robert Banuelos

Mailing Address 15803 Strickland Court

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22376

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mark Barrow		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61227.C21940	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mark Barrow		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 70105.C22163	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mark Barrow		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 70105.C22378	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jan E Berger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61227.C21739
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 3120.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Jan E Berger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 70105.C22365
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 3250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Jan E Berger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 70105.C22379
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 3380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> H. K. Bessant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21740	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark	Occupation VP CONSUMER PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) <b>B.</b> H. K. Bessant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22165	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark	Occupation VP CONSUMER PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> H. K. Bessant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22380	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark	Occupation VP CONSUMER PROGRAMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Laura Birmingham		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61227.C21741	
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Laura Birmingham		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22166	
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Laura Birmingham		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22381	
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Steven Blake</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		<b>Transaction ID: 61227.C21742</b>	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven Blake</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		<b>Transaction ID: 70105.C22167</b>	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 625.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Steven Blake</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		<b>Transaction ID: 70105.C22382</b>	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Lawrence Blandford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1306 Highland Ave		Transaction ID: 61227.C21743
City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation ACCOUNT MANAGEMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lawrence Blandford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1306 Highland Ave		Transaction ID: 70105.C22168
City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation ACCOUNT MANAGEMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lawrence Blandford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1306 Highland Ave		Transaction ID: 70105.C22383
City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation ACCOUNT MANAGEMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Beth Bly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61227.C21744	
City Atlanta State GA Zip Code 30342		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation ACCOUNT MANAGEMENT ANALYST		Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Beth Bly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 70105.C22169	
City Atlanta State GA Zip Code 30342		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation ACCOUNT MANAGEMENT ANALYST		Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Beth Bly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 70105.C22384	
City Atlanta State GA Zip Code 30342		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation ACCOUNT MANAGEMENT ANALYST		Aggregate Year-to-Date ▼ 390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Scott Bond		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 750 W John Carpenter Fwy Suite 1200		<b>Transaction ID:</b> 61227.C21745
City Irving State TX Zip Code 75039-2507	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Caremark Occupation VP ACCOUNT MANAGEMENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Scott Bond		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 750 W John Carpenter Fwy Suite 1200		<b>Transaction ID:</b> 70105.C22170
City Irving State TX Zip Code 75039-2507	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Caremark Occupation VP ACCOUNT MANAGEMENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Bond		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W John Carpenter Fwy Suite 1200		<b>Transaction ID:</b> 70105.C22385
City Irving State TX Zip Code 75039-2507	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Caremark Occupation VP ACCOUNT MANAGEMENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Allison Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21748	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP PRICING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Allison Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22173	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP PRICING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Allison Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22389	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP PRICING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 24 / 196</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl A. Bryron Mailing Address 4512 North Paulina Apt 3W City State Zip Code Chicago IL 60640 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 61227.C21749 Amount of Each Receipt this Period 20.00 Receipt
Name of Employer Caremark Occupation Account Executive Strategic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00

<b>B.</b> Full Name (Last, First, Middle Initial) Cheryl A. Bryron Mailing Address 4512 North Paulina Apt 3W City State Zip Code Chicago IL 60640 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 70105.C22174 Amount of Each Receipt this Period 20.00 Receipt
Name of Employer Caremark Occupation Account Executive Strategic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Cheryl A. Bryron Mailing Address 4512 North Paulina Apt 3W City State Zip Code Chicago IL 60640 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 70105.C22390 Amount of Each Receipt this Period 20.00 Receipt
Name of Employer Caremark Occupation Account Executive Strategic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) A. Thomas Burbeck		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21750
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR IT	Aggregate Year-to-Date ▼ 240.00	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Burbeck		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22175
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR IT	Aggregate Year-to-Date ▼ 250.00	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas Burbeck		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22391
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR IT	Aggregate Year-to-Date ▼ 260.00	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Frederick Burns

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21752

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Frederick Burns

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22177

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Frederick Burns

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22393

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dirk Calvert		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1000 Lakeside Dr		Transaction ID: 61227.C21753	
City State Zip Code Deerfield IL 60015-1225	Amount of Each Receipt this Period 8.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 192.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dirk Calvert		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1000 Lakeside Dr		Transaction ID: 70105.C22178	
City State Zip Code Deerfield IL 60015-1225	Amount of Each Receipt this Period 8.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dirk Calvert		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1000 Lakeside Dr		Transaction ID: 70105.C22394	
City State Zip Code Deerfield IL 60015-1225	Amount of Each Receipt this Period 8.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 208.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	24.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Joanne Carlson

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21754

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joanne Carlson

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22179

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joanne Carlson

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22395

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert Cascarano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61227.C21755
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Cascarano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 70105.C22180
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Cascarano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 70105.C22396
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Peter Clemens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61227.C21756
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation EVP CHIEF FINANCIAL OFFICER	Aggregate Year-to-Date ▼ 2400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Peter Clemens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22181
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation EVP CHIEF FINANCIAL OFFICER	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Peter Clemens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22397
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation EVP CHIEF FINANCIAL OFFICER	Aggregate Year-to-Date ▼ 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara Cleppe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5701 Green Valley Dr.		Transaction ID: 61227.C21757	
City State Zip Code Minneapolis MN 55437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara Cleppe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5701 Green Valley Dr.		Transaction ID: 70105.C22182	
City State Zip Code Minneapolis MN 55437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Barbara Cleppe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5701 Green Valley Dr.		Transaction ID: 70105.C22398	
City State Zip Code Minneapolis MN 55437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61227.C21760
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 3600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Andrew Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22185
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 3750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Andrew Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22401
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 3900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Edwin Crawford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61227.C21761
City Nashville      State TN      Zip Code 37201-1817	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Edwin Crawford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22186
City Nashville      State TN      Zip Code 37201-1817	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Edwin Crawford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22402
City Nashville      State TN      Zip Code 37201-1817	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation CHAIRMAN & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ronald Crenshaw

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21762

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ronald Crenshaw

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22187

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronald Crenshaw

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22403

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Kenneth Czarnecki		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61227.C21763	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP PHARMACIES AND SERVICE CEN		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth Czarnecki		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22188	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP PHARMACIES AND SERVICE CEN		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kenneth Czarnecki		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22404	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP PHARMACIES AND SERVICE CEN		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Yolanda Daniel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21764	
City Northbrook	State IL	Amount of Each Receipt this Period 85.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2040.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Yolanda Daniel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22189	
City Northbrook	State IL	Amount of Each Receipt this Period 85.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2125.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Yolanda Daniel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22405	
City Northbrook	State IL	Amount of Each Receipt this Period 85.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	255.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
James Dixon

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21765

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James Dixon

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22190

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Dixon

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22406

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John Dorman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61227.C21766
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR CLIENT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Dorman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22191
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR CLIENT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Dorman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22407
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR CLIENT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Philip Ellison Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61227.C21767	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP HUMAN RESOURCES		Aggregate Year-to-Date ▼ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Philip Ellison Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22192	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP HUMAN RESOURCES		Aggregate Year-to-Date ▼ 875.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Philip Ellison Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22408	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP HUMAN RESOURCES		Aggregate Year-to-Date ▼ 910.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy Fancher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2105 Eagle Parkway		Transaction ID: 61227.C21768	
City State Zip Code Fort Worth TX 76177		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR PHARMACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy Fancher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2105 Eagle Parkway		Transaction ID: 70105.C22193	
City State Zip Code Fort Worth TX 76177		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR PHARMACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy Fancher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2105 Eagle Parkway		Transaction ID: 70105.C22409	
City State Zip Code Fort Worth TX 76177		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR PHARMACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> A. L. Faudskar		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 61227.C21769
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.00
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B.</b> A. L. Faudskar		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22194
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.00
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) <b>C.</b> A. L. Faudskar		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22410
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.00
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lucia Feczko		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 61227.C21770	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Dir Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lucia Feczko		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22195	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Dir Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Lucia Feczko		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22411	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Dir Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Tracy Fields		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address P. O. Box 6634		Transaction ID: 61227.C21771	
City State Zip Code Lees Summit MO 64064	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Tracy Fields		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address P. O. Box 6634		Transaction ID: 70105.C22196	
City State Zip Code Lees Summit MO 64064	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Tracy Fields		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address P. O. Box 6634		Transaction ID: 70105.C22412	
City State Zip Code Lees Summit MO 64064	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	75.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Michael Fieri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21772	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Fieri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22197	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Fieri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22413	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Sara Finley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 61227.C21773
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 2400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Sara Finley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 70105.C22198
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Sara Finley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 70105.C22414
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Brian Fleming

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation PROJECT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21774

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brian Fleming

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation PROJECT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22199

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Brian Fleming

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation PROJECT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22415

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dora Folden		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6817 Woodmere Drive		Transaction ID: 61227.C21775	
City State Zip Code Riverside CA 92509	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dora Folden		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 6817 Woodmere Drive		Transaction ID: 70105.C22200	
City State Zip Code Riverside CA 92509	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dora Folden		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6817 Woodmere Drive		Transaction ID: 70105.C22416	
City State Zip Code Riverside CA 92509	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Christopher Freed		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21777
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR PHARMACY RESOURCE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Freed		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22202
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR PHARMACY RESOURCE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Freed		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22418
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR PHARMACY RESOURCE CENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jane Freyer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21778	
City Northbrook	State IL	Amount of Each Receipt this Period 35.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jane Freyer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22203	
City Northbrook	State IL	Amount of Each Receipt this Period 35.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jane Freyer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22419	
City Northbrook	State IL	Amount of Each Receipt this Period 35.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Gallo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5480 Sunstone Lane		Transaction ID: 61227.C21779	
City State Zip Code Castle Rock CO 80104	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 840.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Gallo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5480 Sunstone Lane		Transaction ID: 70105.C22204	
City State Zip Code Castle Rock CO 80104	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 875.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Gallo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5480 Sunstone Lane		Transaction ID: 70105.C22420	
City State Zip Code Castle Rock CO 80104	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 910.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Catherine Gaudio

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR CLIENT SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21782

Amount of Each Receipt this Period  
25.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Catherine Gaudio

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR CLIENT SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22207

Amount of Each Receipt this Period  
25.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Catherine Gaudio

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR CLIENT SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22423

Amount of Each Receipt this Period  
25.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Peggy Gedzyk

Mailing Address 5817 Hancock Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 61227.C21783

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Peggy Gedzyk

Mailing Address 5817 Hancock Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** 70105.C22208

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Peggy Gedzyk

Mailing Address 5817 Hancock Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 70105.C22424

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Douglas Ghertner

Mailing Address 211 Commerce Street  
Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21784

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Douglas Ghertner

Mailing Address 211 Commerce Street  
Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22209

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Douglas Ghertner

Mailing Address 211 Commerce Street  
Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22425

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Gibbons		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 61227.C21785
City Scottsdale	State AZ	Zip Code 85260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation VP PHARMACY OPERATIONS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Gibbons		Date of Receipt MM / DD / YYYY 12 / 15 / 2006
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22210
City Scottsdale	State AZ	Zip Code 85260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation VP PHARMACY OPERATIONS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Gibbons		Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22426
City Scottsdale	State AZ	Zip Code 85260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation VP PHARMACY OPERATIONS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jack Gierat

Mailing Address 2714 North Magnolia #1F

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21786

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jack Gierat

Mailing Address 2714 North Magnolia #1F

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22211

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jack Gierat

Mailing Address 2714 North Magnolia #1F

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22427

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gregory Gierwielaniec

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

Transaction ID: 61227.C21787

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gregory Gierwielaniec

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Transaction ID: 70105.C22212

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gregory Gierwielaniec

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 70105.C22428

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Gill

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1848.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21788

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael Gill

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22213

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Michael Gill

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2002.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22429

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	231.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Godfrey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 61227.C21789
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation AVP MATERIALS MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Godfrey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22214
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation AVP MATERIALS MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Godfrey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22430
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation AVP MATERIALS MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Yoram Gold

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

Transaction ID: 61227.C21790

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Yoram Gold

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Transaction ID: 70105.C22215

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Yoram Gold

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 70105.C22431

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David Golding</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61227.C21791	
City Northbrook	State IL	Amount of Each Receipt this Period 135.00	
Zip Code 60062-2507		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Caremark	Occupation SVP SPECIALTY PHARMACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3240.00		

Full Name (Last, First, Middle Initial) <b>B. David Golding</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 70105.C22216	
City Northbrook	State IL	Amount of Each Receipt this Period 135.00	
Zip Code 60062-2507		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Caremark	Occupation SVP SPECIALTY PHARMACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3375.00		

Full Name (Last, First, Middle Initial) <b>C. David Golding</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 70105.C22432	
City Northbrook	State IL	Amount of Each Receipt this Period 135.00	
Zip Code 60062-2507		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Caremark	Occupation SVP SPECIALTY PHARMACY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3510.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	405.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gerard Greene

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21792

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gerard Greene

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22217

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gerard Greene

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22433

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Domenico Gugliuzza</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		<b>Transaction ID: 61227.C21794</b>	
City State Zip Code Hunt Valley MD 21031-1002		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP REBATES		Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Domenico Gugliuzza</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		<b>Transaction ID: 70105.C22219</b>	
City State Zip Code Hunt Valley MD 21031-1002		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP REBATES		Aggregate Year-to-Date ▼ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Domenico Gugliuzza</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		<b>Transaction ID: 70105.C22435</b>	
City State Zip Code Hunt Valley MD 21031-1002		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP REBATES		Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Robert E Hahn-Lowry		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 16674 W Roosevelt St		Transaction ID: 61227.C21795	
City State Zip Code Goodyear AZ 85338-6194		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP TRADE RELATIONS		Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Robert E Hahn-Lowry		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 16674 W Roosevelt St		Transaction ID: 70105.C22220	
City State Zip Code Goodyear AZ 85338-6194		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP TRADE RELATIONS		Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Robert E Hahn-Lowry		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 16674 W Roosevelt St		Transaction ID: 70105.C22436	
City State Zip Code Goodyear AZ 85338-6194		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP TRADE RELATIONS		Aggregate Year-to-Date ▼ 390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Renee Hammons</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5177 Kimbark Woods		<b>Transaction ID: 61227.C21797</b>	
City State Zip Code Memphis TN 38134	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Renee Hammons</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5177 Kimbark Woods		<b>Transaction ID: 70105.C22222</b>	
City State Zip Code Memphis TN 38134	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Renee Hammons</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5177 Kimbark Woods		<b>Transaction ID: 70105.C22438</b>	
City State Zip Code Memphis TN 38134	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Edward L Hardin Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61227.C21798
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation EVP	Aggregate Year-to-Date ▼ 3240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Edward L Hardin Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22223
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation EVP	Aggregate Year-to-Date ▼ 3375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Edward L Hardin Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22439
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation EVP	Aggregate Year-to-Date ▼ 3525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen Haught		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21799
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation AVP CLIENT SERVICES	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen Haught		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22224
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation AVP CLIENT SERVICES	Aggregate Year-to-Date ▼ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Haught		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22440
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation AVP CLIENT SERVICES	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Heglin Mailing Address 9501 East Shea Blvd City State Zip Code Scottsdale AZ 85260 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 61227.C21800 Amount of Each Receipt this Period 15.00 Receipt
Name of Employer Caremark Occupation AVP ASSISTANT GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Heglin Mailing Address 9501 East Shea Blvd City State Zip Code Scottsdale AZ 85260 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 70105.C22225 Amount of Each Receipt this Period 15.00 Receipt
Name of Employer Caremark Occupation AVP ASSISTANT GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Heglin Mailing Address 9501 East Shea Blvd City State Zip Code Scottsdale AZ 85260 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 70105.C22441 Amount of Each Receipt this Period 15.00 Receipt
Name of Employer Caremark Occupation AVP ASSISTANT GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joel Helle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21801
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation AVP CLINICAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joel Helle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22226
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation AVP CLINICAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joel Helle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22442
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation AVP CLINICAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Steven Higgins

Mailing Address 750 W John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR ANALYSIS & REPORTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21802

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steven Higgins

Mailing Address 750 W John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR ANALYSIS & REPORTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22227

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Steven Higgins

Mailing Address 750 W John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR ANALYSIS & REPORTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22443

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Irv A Hines

Mailing Address 5701 Green Valley Dr

City State Zip Code  
Minneapolis MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIRECTOR TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21803

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Irv A Hines

Mailing Address 5701 Green Valley Dr

City State Zip Code  
Minneapolis MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIRECTOR TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22366

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Irv A Hines

Mailing Address 5701 Green Valley Dr

City State Zip Code  
Minneapolis MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIRECTOR TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22444

Amount of Each Receipt this Period  
10.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> James Hogan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 6466 N. Northwest Highway Apt D-2		Transaction ID: 61227.C21804
City Chicago State IL Zip Code 60631	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> James Hogan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 6466 N. Northwest Highway Apt D-2		Transaction ID: 70105.C22229
City Chicago State IL Zip Code 60631	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> James Hogan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 6466 N. Northwest Highway Apt D-2		Transaction ID: 70105.C22445
City Chicago State IL Zip Code 60631	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Eddie Holmes</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21805	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>B. Eddie Holmes</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22230	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) <b>C. Eddie Holmes</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22446	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 196		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Horn

Mailing Address 750 W John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21806

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Peter Horn

Mailing Address 750 W John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22231

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Peter Horn

Mailing Address 750 W John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22447

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dustin Humphreys</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61227.C21807
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation DIR PHARMACY	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dustin Humphreys</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22232
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation DIR PHARMACY	Aggregate Year-to-Date ▼ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dustin Humphreys</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22448
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation DIR PHARMACY	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Constance Isley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21808	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1848.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Constance Isley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22233	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1925.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Constance Isley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22449	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 2002.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Jackson

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP OPERATIONS INTEGRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21809

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Jackson

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP OPERATIONS INTEGRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22234

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Jackson

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP OPERATIONS INTEGRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22450

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Michael Jaeger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 35 Highland Road Suite 3403		Transaction ID: 61227.C21810
City Bethel Park State PA Zip Code 15102		Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Jaeger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 35 Highland Road Suite 3403		Transaction ID: 70105.C22235
City Bethel Park State PA Zip Code 15102		Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Jaeger		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 35 Highland Road Suite 3403		Transaction ID: 70105.C22451
City Bethel Park State PA Zip Code 15102		Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ronda Jamesmeyer

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 192.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21811

Amount of Each Receipt this Period  
8.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ronda Jamesmeyer

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22236

Amount of Each Receipt this Period  
8.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronda Jamesmeyer

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22452

Amount of Each Receipt this Period  
8.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 24.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Carl Janssens

Mailing Address #1 Great Valley Boulevard

City State Zip Code  
Wilkes Barre PA 18706-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP GENERAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21812

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Carl Janssens

Mailing Address #1 Great Valley Boulevard

City State Zip Code  
Wilkes Barre PA 18706-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP GENERAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22237

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Carl Janssens

Mailing Address #1 Great Valley Boulevard

City State Zip Code  
Wilkes Barre PA 18706-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP GENERAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22453

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Barry Jasilli

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21813

Amount of Each Receipt this Period  
12.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Barry Jasilli

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22238

Amount of Each Receipt this Period  
12.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Barry Jasilli

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22454

Amount of Each Receipt this Period  
12.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	36.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Don N Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21814
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Don N Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22367
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Don N Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22455
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR PRODUCT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles Jorgenson

Mailing Address 9501 East Shea Boulevard

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation AVP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21815

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles Jorgenson

Mailing Address 9501 East Shea Boulevard

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation AVP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22240

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles Jorgenson

Mailing Address 9501 East Shea Boulevard

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation AVP GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22456

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John David Joyner

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation EVP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21816

Amount of Each Receipt this Period  
135.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John David Joyner

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation EVP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22241

Amount of Each Receipt this Period  
135.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John David Joyner

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation EVP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22457

Amount of Each Receipt this Period  
135.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	405.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Anna Louise Kahane		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9717 Key West Avenue		<b>Transaction ID:</b> 61227.C21817
City State Zip Code Rockville MD 20850-3982	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR REIMBURSEMENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Anna Louise Kahane		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9717 Key West Avenue		<b>Transaction ID:</b> 70105.C22242
City State Zip Code Rockville MD 20850-3982	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR REIMBURSEMENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Anna Louise Kahane		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9717 Key West Avenue		<b>Transaction ID:</b> 70105.C22458
City State Zip Code Rockville MD 20850-3982	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR REIMBURSEMENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bradley Karro		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 61227.C21818
City Nashville      State TN      Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Bradley Karro		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 70105.C22243
City Nashville      State TN      Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Bradley Karro		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 70105.C22459
City Nashville      State TN      Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	405.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kelly Katch

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21819

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kelly Katch

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22244

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kelly Katch

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22460

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Christopher Kidd		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61227.C21820
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Kidd		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 70105.C22245
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Kidd		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 70105.C22461
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Geoffrey Kilgore

Mailing Address 5607 Glenridge Drive  
Suite 300

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1860.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21821

Amount of Each Receipt this Period  
80.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Geoffrey Kilgore

Mailing Address 5607 Glenridge Drive  
Suite 300

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22246

Amount of Each Receipt this Period  
80.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Geoffrey Kilgore

Mailing Address 5607 Glenridge Drive  
Suite 300

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2020.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22462

Amount of Each Receipt this Period  
80.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> James King		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21822	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1848.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James King		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22247	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James King		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22463	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Daniel Kline

Mailing Address 2700 Milan Court

City State Zip Code  
Birmingham AL 35211

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP PHARMACY OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21823

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Daniel Kline

Mailing Address 2700 Milan Court

City State Zip Code  
Birmingham AL 35211

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP PHARMACY OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22248

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Daniel Kline

Mailing Address 2700 Milan Court

City State Zip Code  
Birmingham AL 35211

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP PHARMACY OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22464

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kelli Kovak		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 61227.C21825	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 840.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Kelli Kovak		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22250	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 875.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Kelli Kovak		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22466	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 910.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles Krause

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1848.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21826

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles Krause

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22251

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles Krause

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2002.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22467

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>231.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John Kueter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road 8th Floor		Transaction ID: 61227.C21827	
City Northbrook	State IL	Amount of Each Receipt this Period 20.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00	
Name of Employer Caremark	Occupation Senior Manager	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	Receipt	

Full Name (Last, First, Middle Initial) <b>B.</b> John Kueter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road 8th Floor		Transaction ID: 70105.C22252	
City Northbrook	State IL	Amount of Each Receipt this Period 20.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00	
Name of Employer Caremark	Occupation Senior Manager	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Receipt	

Full Name (Last, First, Middle Initial) <b>C.</b> John Kueter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road 8th Floor		Transaction ID: 70105.C22468	
City Northbrook	State IL	Amount of Each Receipt this Period 20.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00	
Name of Employer Caremark	Occupation Senior Manager	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Receipt	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 196  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Steven Kunz

Mailing Address 109 East 2nd Street #11

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21828

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steven Kunz

Mailing Address 109 East 2nd Street #11

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22253

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Steven Kunz

Mailing Address 109 East 2nd Street #11

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22469

Amount of Each Receipt this Period  
35.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy Kurth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21829	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 840.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy Kurth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22254	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 875.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Timothy Kurth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22470	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 910.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Hetty Lima

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21831

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Hetty Lima

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22256

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Hetty Lima

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22472

Amount of Each Receipt this Period  
40.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jason Lindas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road 4th Floor		Transaction ID: 61227.C21833
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jason Lindas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road 4th Floor		Transaction ID: 70105.C22258
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jason Lindas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road 4th Floor		Transaction ID: 70105.C22474
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lisa Lindsey

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR NETWORK & PROVIDER SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21834

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lisa Lindsey

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR NETWORK & PROVIDER SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22259

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lisa Lindsey

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR NETWORK & PROVIDER SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22475

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Linehan

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP MARKETING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

Transaction ID: 61227.C21835

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Linehan

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP MARKETING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Transaction ID: 70105.C22260

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Linehan

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP MARKETING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 70105.C22476

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Diane Linker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 669 Western Lane		Transaction ID: 61227.C21836
City State Zip Code Addison IL 60101	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Diane Linker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 669 Western Lane		Transaction ID: 70105.C22261
City State Zip Code Addison IL 60101	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Diane Linker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 669 Western Lane		Transaction ID: 70105.C22477
City State Zip Code Addison IL 60101	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 196  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
James C Luthin

Mailing Address 2211 Sanders Road  
10th Floor

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. C

Name of Employer Caremark Occupation SR VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2006

**Transaction ID:** 61227.C21837

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James C Luthin

Mailing Address 2211 Sanders Road  
10th Floor

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. C

Name of Employer Caremark Occupation SR VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2006

**Transaction ID:** 70105.C22262

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James C Luthin

Mailing Address 2211 Sanders Road  
10th Floor

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. C

Name of Employer Caremark Occupation SR VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 29 / 2006

**Transaction ID:** 70105.C22478

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Bruce Lyons

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1848.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

Transaction ID: 61227.C21838

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bruce Lyons

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

Transaction ID: 70105.C22263

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Bruce Lyons

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2002.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 70105.C22479

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	231.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Bruce MacRae		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21839	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bruce MacRae		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22264	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Bruce MacRae		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22480	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	55.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Gregory Madsen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21840
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Caremark SR VP	Aggregate Year-to-Date ▼ 1848.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Gregory Madsen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22265
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Caremark SR VP	Aggregate Year-to-Date ▼ 1925.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory Madsen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22481
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Caremark SR VP	Aggregate Year-to-Date ▼ 2002.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Elaine Manieri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61227.C21841
City State Zip Code Hunt Valley MD 21031	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation DIR ACCOUNT MANAGEMENT	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Elaine Manieri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 70105.C22266
City State Zip Code Hunt Valley MD 21031	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation DIR ACCOUNT MANAGEMENT	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Elaine Manieri		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 70105.C22482
City State Zip Code Hunt Valley MD 21031	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation DIR ACCOUNT MANAGEMENT	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
James Margiotta

Mailing Address 34 South Berryline Circle

City State Zip Code  
Spring TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1848.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21842

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
James Margiotta

Mailing Address 34 South Berryline Circle

City State Zip Code  
Spring TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22267

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Margiotta

Mailing Address 34 South Berryline Circle

City State Zip Code  
Spring TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2002.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22483

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	231.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Andrea Marks		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 61227.C21843
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Caremark	Occupation Senior Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Andrea Marks		Date of Receipt MM / DD / YYYY 12 / 15 / 2006
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22268
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Caremark	Occupation Senior Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Andrea Marks		Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22484
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Caremark	Occupation Senior Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Brett McCabe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5701 Green Valley Dr		Transaction ID: 61227.C21844	
City State Zip Code Minneapolis MN 55437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR TRADE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Brett McCabe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5701 Green Valley Dr		Transaction ID: 70105.C22269	
City State Zip Code Minneapolis MN 55437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR TRADE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Brett McCabe		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5701 Green Valley Dr		Transaction ID: 70105.C22485	
City State Zip Code Minneapolis MN 55437	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation DIR TRADE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lorraine McCarthy

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR CLINICAL SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21845

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lorraine McCarthy

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR CLINICAL SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22270

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lorraine McCarthy

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR CLINICAL SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22486

Amount of Each Receipt this Period  
8.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	28.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Mcinally		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2105 Eagle Parkway		<b>Transaction ID:</b> 61227.C21846
City State Zip Code Fort Worth TX 76177	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation DIR ENGINEERING	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Mcinally		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2105 Eagle Parkway		<b>Transaction ID:</b> 70105.C22271
City State Zip Code Fort Worth TX 76177	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation DIR ENGINEERING	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Mcinally		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2105 Eagle Parkway		<b>Transaction ID:</b> 70105.C22487
City State Zip Code Fort Worth TX 76177	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation DIR ENGINEERING	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Phillip Mcleod		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61227.C21848	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP BUSINESS DEVELOPMENT		Aggregate Year-to-Date ▼ 1848.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Phillip Mcleod		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22273	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP BUSINESS DEVELOPMENT		Aggregate Year-to-Date ▼ 1925.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Phillip Mcleod		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22489	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation AVP BUSINESS DEVELOPMENT		Aggregate Year-to-Date ▼ 2002.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	231.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Howard McLure		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 61227.C21849
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 3600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Howard McLure		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 70105.C22274
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 3750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Howard McLure		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		<b>Transaction ID:</b> 70105.C22490
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 3900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Glenn McRae

Mailing Address 2017 Brook Highland Ridge

City Birmingham State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21850

Amount of Each Receipt this Period  
 30.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Glenn McRae

Mailing Address 2017 Brook Highland Ridge

City Birmingham State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22275

Amount of Each Receipt this Period  
 30.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Glenn McRae

Mailing Address 2017 Brook Highland Ridge

City Birmingham State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22491

Amount of Each Receipt this Period  
 30.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Melanie Merlino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21942	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation DIR NETWORK SYSTEMS & STANDARD		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Melanie Merlino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22276	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation DIR NETWORK SYSTEMS & STANDARD		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Melanie Merlino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22492	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation DIR NETWORK SYSTEMS & STANDARD		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ronald Merlino

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21852

Amount of Each Receipt this Period  
150.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ronald Merlino

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22277

Amount of Each Receipt this Period  
150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ronald Merlino

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22493

Amount of Each Receipt this Period  
150.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
David Mesick

Mailing Address 5701 Green Valley Drive

City State Zip Code  
Minneapolis MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR SALES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21853

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
David Mesick

Mailing Address 5701 Green Valley Drive

City State Zip Code  
Minneapolis MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR SALES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22278

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David Mesick

Mailing Address 5701 Green Valley Drive

City State Zip Code  
Minneapolis MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR SALES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22494

Amount of Each Receipt this Period  
20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John Miles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4703 Grand Deli Drive		Transaction ID: 61227.C21854	
City State Zip Code Crestwood KY 40014	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> John Miles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 4703 Grand Deli Drive		Transaction ID: 70105.C22279	
City State Zip Code Crestwood KY 40014	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> John Miles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4703 Grand Deli Drive		Transaction ID: 70105.C22495	
City State Zip Code Crestwood KY 40014	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Manager	Aggregate Year-to-Date ▼ 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
David Milligan

Mailing Address 9150 West 131st Street

City State Zip Code  
Shawnee Mission KS 66213

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** 61227.C21855

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
David Milligan

Mailing Address 9150 West 131st Street

City State Zip Code  
Shawnee Mission KS 66213

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** 70105.C22280

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David Milligan

Mailing Address 9150 West 131st Street

City State Zip Code  
Shawnee Mission KS 66213

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** 70105.C22496

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Glenn Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21856	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Glenn Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22281	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Glenn Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22497	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	35.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Rudy Mladenovic

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4608.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21857

Amount of Each Receipt this Period  
192.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rudy Mladenovic

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22282

Amount of Each Receipt this Period  
192.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Rudy Mladenovic

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22498

Amount of Each Receipt this Period  
192.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> David Mohs		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61227.C21858	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David Mohs		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 70105.C22283	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Mohs		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 70105.C22499	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Marsha Moore		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61227.C21859	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation SVP MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Marsha Moore		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22284	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation SVP MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Marsha Moore		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22500	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation SVP MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Terrence Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61227.C21860
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Caremark	Occupation DIR QUALITY/BUSINESS IMPROVEME	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Terrence Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22285
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Caremark	Occupation DIR QUALITY/BUSINESS IMPROVEME	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Terrence Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22501
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Caremark	Occupation DIR QUALITY/BUSINESS IMPROVEME	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Michael Niebaum		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 10513 Hidden Oaks Lans North		Transaction ID: 61227.C21861	
City State Zip Code Champlin MN 55316		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Niebaum		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 10513 Hidden Oaks Lans North		Transaction ID: 70105.C22286	
City State Zip Code Champlin MN 55316		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Niebaum		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 10513 Hidden Oaks Lans North		Transaction ID: 70105.C22502	
City State Zip Code Champlin MN 55316		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Diane Nobles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61227.C21862
City Northbrook      State IL      Zip Code 60062-6150	Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark      Occupation EVP	Aggregate Year-to-Date ▼ 4608.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Diane Nobles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 70105.C22287
City Northbrook      State IL      Zip Code 60062-6150	Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark      Occupation EVP	Aggregate Year-to-Date ▼ 4800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Diane Nobles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 70105.C22503
City Northbrook      State IL      Zip Code 60062-6150	Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark      Occupation EVP	Aggregate Year-to-Date ▼ 4992.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	576.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 196  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Norman

Mailing Address 2700 Milan Court

City State Zip Code  
Birmingham AL 35211-6919

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21863

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stephen Norman

Mailing Address 2700 Milan Court

City State Zip Code  
Birmingham AL 35211-6919

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22288

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Stephen Norman

Mailing Address 2700 Milan Court

City State Zip Code  
Birmingham AL 35211-6919

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22504

Amount of Each Receipt this Period  
10.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joan ORourke		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61227.C21865
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joan ORourke		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 70105.C22290
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joan ORourke		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 70105.C22506
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 196		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Allen Oden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		<b>Transaction ID:</b> 61227.C21864	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Allen Oden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		<b>Transaction ID:</b> 70105.C22289	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Allen Oden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		<b>Transaction ID:</b> 70105.C22505	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lora Parnell

Mailing Address 82 Pebble Beach Drive

City State Zip Code  
Little Rock AR 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21868

Amount of Each Receipt this Period  
25.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lora Parnell

Mailing Address 82 Pebble Beach Drive

City State Zip Code  
Little Rock AR 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22293

Amount of Each Receipt this Period  
25.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lora Parnell

Mailing Address 82 Pebble Beach Drive

City State Zip Code  
Little Rock AR 72212

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22509

Amount of Each Receipt this Period  
25.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Piazza		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4240 Harpers Ferry Circle		Transaction ID: 61227.C21870	
City State Zip Code Birmingham AL 35213-2223		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation DIR AVIATION		Aggregate Year-to-Date ▼ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Piazza		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 4240 Harpers Ferry Circle		Transaction ID: 70105.C22295	
City State Zip Code Birmingham AL 35213-2223		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation DIR AVIATION		Aggregate Year-to-Date ▼ 875.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Piazza		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4240 Harpers Ferry Circle		Transaction ID: 70105.C22511	
City State Zip Code Birmingham AL 35213-2223		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation DIR AVIATION		Aggregate Year-to-Date ▼ 910.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Christine Pittman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 750 W John Carpenter Fwy Suite 1200		Transaction ID: 61227.C21871
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Account Manager	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Christine Pittman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 750 W John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22296
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Account Manager	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Christine Pittman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22512
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Account Manager	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kevin Plunkett

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21872

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kevin Plunkett

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22297

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kevin Plunkett

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22513

Amount of Each Receipt this Period  
35.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Patricia Ponczkowski

Mailing Address 2211 Sanders Road  
7th Floor

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21874

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patricia Ponczkowski

Mailing Address 2211 Sanders Road  
7th Floor

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22299

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Patricia Ponczkowski

Mailing Address 2211 Sanders Road  
7th Floor

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22515

Amount of Each Receipt this Period  
20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Natalie Pons

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced PCS VP BUS PRACTICES & COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21875

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Natalie Pons

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced PCS VP BUS PRACTICES & COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22300

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Natalie Pons

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced PCS VP BUS PRACTICES & COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22516

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Scott Ragland		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 61227.C21876
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.00
Name of Employer Caremark	Occupation VP IT CORE BUSINESS SYSTEMS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1848.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Scott Ragland		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22301
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.00
Name of Employer Caremark	Occupation VP IT CORE BUSINESS SYSTEMS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Ragland		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22517
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.00
Name of Employer Caremark	Occupation VP IT CORE BUSINESS SYSTEMS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	231.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 136 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Rajiv Ranjan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21877	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Rajiv Ranjan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22302	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John Scott Reid		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 20 Vose Hill Road		Transaction ID: 61227.C21878	
City Westford	State MA	Zip Code 01886	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1848.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	147.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty field)



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 137 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John Scott Reid

Mailing Address 20 Vose Hill Road

City State Zip Code  
Westford MA 01886

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2006

Transaction ID: 70105.C22303

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Scott Reid

Mailing Address 20 Vose Hill Road

City State Zip Code  
Westford MA 01886

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2002.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 29 / 2006

Transaction ID: 70105.C22518

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dina Reynolds

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 01 / 2006

Transaction ID: 61227.C21879

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	189.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dina Reynolds

Mailing Address 7034 Alamo Downs Pkwy

City San Antonio State TX Zip Code 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22304

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Dina Reynolds

Mailing Address 7034 Alamo Downs Pkwy

City San Antonio State TX Zip Code 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22519

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Orel Rhodes

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation ACCOUNT MANAGEMENT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 192.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21880

Amount of Each Receipt this Period  
8.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Orel Rhodes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22305
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation ACCOUNT MANAGEMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Orel Rhodes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 70105.C22520
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation ACCOUNT MANAGEMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen Rill		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21882
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Rill

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22307

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stephen Rill

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22522

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Russell Ring

Mailing Address 1300 I Street NW Suite 525 West

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4608.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21883

Amount of Each Receipt this Period  
192.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	262.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Russell Ring		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		<b>Transaction ID:</b> 70105.C22308	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 192.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP GOVERNMENT RELATIONS	Aggregate Year-to-Date ▼ 4800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Russell Ring		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		<b>Transaction ID:</b> 70105.C22523	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 192.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP GOVERNMENT RELATIONS	Aggregate Year-to-Date ▼ 4992.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Riva		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 250 Old Wilson Bridge Road Suite 122		<b>Transaction ID:</b> 61227.C21884	
City Columbus State OH Zip Code 43085-2215	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	409.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 196		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard Riva

Mailing Address 250 Old Wilson Bridge Road  
Suite 122

City Columbus State OH Zip Code 43085-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR SALES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22309

Amount of Each Receipt this Period  
25.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Richard Riva

Mailing Address 250 Old Wilson Bridge Road  
Suite 122

City Columbus State OH Zip Code 43085-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR SALES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22524

Amount of Each Receipt this Period  
25.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ellen Robitaille

Mailing Address 133 Granite St

City Medfield State MA Zip Code 02052

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR ACCOUNT MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21885

Amount of Each Receipt this Period  
21.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	71.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ellen Robitaille		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 133 Granite St		<b>Transaction ID:</b> 70105.C22310
City State Zip Code Medfield MA 02052	Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ellen Robitaille		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 133 Granite St		<b>Transaction ID:</b> 70105.C22525
City State Zip Code Medfield MA 02052	Amount of Each Receipt this Period 21.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Rumsey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2506 Pine Road		<b>Transaction ID:</b> 61227.C21886
City State Zip Code Huntingdon Valley PA 19006	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR REGIONAL CLINICAL CONSULTI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles Rumsey

Mailing Address 2506 Pine Road

City State Zip Code  
Huntingdon Valley PA 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR REGIONAL CLINICAL CONSULTI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22311

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles Rumsey

Mailing Address 2506 Pine Road

City State Zip Code  
Huntingdon Valley PA 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR REGIONAL CLINICAL CONSULTI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22526

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joel Saban

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21888

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 145 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Joel Saban</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID: 70105.C22313</b>	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Joel Saban</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		<b>Transaction ID: 70105.C22528</b>	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP	Aggregate Year-to-Date ▼ 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Henry Salvadori</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		<b>Transaction ID: 61227.C21889</b>	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP CLINICAL SERVICES	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Henry Salvadori		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22314	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP CLINICAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Henry Salvadori		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22529	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation AVP CLINICAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mark Sanders		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy.		Transaction ID: 61227.C21890	
City State Zip Code Irving TX 75039		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation MGR CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mark Sanders</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy.		<b>Transaction ID: 70105.C22315</b>	
City State Zip Code Irving TX 75039		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation MGR CLIENT SERVICES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Sanders</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy.		<b>Transaction ID: 70105.C22530</b>	
City State Zip Code Irving TX 75039		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation MGR CLIENT SERVICES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Sarocka</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		<b>Transaction ID: 61227.C21891</b>	
City State Zip Code Scottsdale AZ 85260-6719		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation CLINICAL MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Sarocka

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260-6719

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation CLINICAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

Transaction ID: 70105.C22316

Amount of Each Receipt this Period  
25.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael Sarocka

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260-6719

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation CLINICAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2006

Transaction ID: 70105.C22531

Amount of Each Receipt this Period  
25.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Thomas Sarro

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP GENERAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

Transaction ID: 61227.C21892

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Sarro		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		<b>Transaction ID:</b> 70105.C22317
City State Zip Code San Antonio TX 78238-4509	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation VP GENERAL MANAGER	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Sarro		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		<b>Transaction ID:</b> 70105.C22532
City State Zip Code San Antonio TX 78238-4509	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation VP GENERAL MANAGER	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Steven Schaper		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 8 White Birch Terrace		<b>Transaction ID:</b> 61227.C21893
City State Zip Code Butler NJ 07405	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation Account Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Steven Schaper

Mailing Address 8 White Birch Terrace

City State Zip Code  
Butler NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22318

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Steven Schaper

Mailing Address 8 White Birch Terrace

City State Zip Code  
Butler NJ 07405

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22533

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lisa Schuldes

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21894

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lisa Schuldes

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22319

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lisa Schuldes

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22534

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Wendy See

Mailing Address 17 Honey Bear Court

City State Zip Code  
Little Rock AR 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR ACCOUNT MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21895

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Wendy See</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 17 Honey Bear Court		<b>Transaction ID:</b> 70105.C22320
City State Zip Code Little Rock AR 72223	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Wendy See</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 17 Honey Bear Court		<b>Transaction ID:</b> 70105.C22535
City State Zip Code Little Rock AR 72223	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Caremark	Occupation DIR ACCOUNT MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Kay Shafer</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 61227.C21896
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00
Name of Employer Caremark	Occupation AVP ACCOUNT MANAGEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1872.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	178.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kay Shafer

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation AVP ACCOUNT MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22321

Amount of Each Receipt this Period  
78.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kay Shafer

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation AVP ACCOUNT MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2028.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22536

Amount of Each Receipt this Period  
78.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Tommy Sheer

Mailing Address 15800 SW 25th St

City State Zip Code  
Hollywood FL 33027-4222

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP GENERAL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21897

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	206.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Tommy Sheer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 15800 SW 25th St		Transaction ID: 70105.C22322	
City State Zip Code Hollywood FL 33027-4222		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP GENERAL MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Tommy Sheer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 15800 SW 25th St		Transaction ID: 70105.C22537	
City State Zip Code Hollywood FL 33027-4222		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP GENERAL MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Brian Shields		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 604 Silverspring Drive		Transaction ID: 61227.C21898	
City State Zip Code Richmond VA 23229		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Brian Shields

Mailing Address 604 Silverspring Drive

City Richmond State VA Zip Code 23229

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22323

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Brian Shields

Mailing Address 604 Silverspring Drive

City Richmond State VA Zip Code 23229

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22538

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jerry Shipkin

Mailing Address 2211 Sanders Road

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21899

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jerry Shipkin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22324
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer Caremark Occupation VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carolyn Simas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 6708 Ranchwood Avenue		<b>Transaction ID:</b> 61227.C21900
City Chino Hills State CA Zip Code 91709	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.00
Name of Employer Caremark Occupation Supervisor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Carolyn Simas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 6708 Ranchwood Avenue		<b>Transaction ID:</b> 70105.C22325
City Chino Hills State CA Zip Code 91709	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.00
Name of Employer Caremark Occupation Supervisor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Carolyn Simas

Mailing Address 6708 Ranchwood Avenue

City State Zip Code  
Chino Hills CA 91709

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22539

Amount of Each Receipt this Period  
15.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gerald Simpson

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21901

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gerald Simpson

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22326

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gerald Simpson

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22540

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Christopher Sims

Mailing Address 750 W. John Carpenter Fwy Suite 1200

City State Zip Code  
Irving TX 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1848.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21903

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Christopher Sims

Mailing Address 750 W. John Carpenter Fwy Suite 1200

City State Zip Code  
Irving TX 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1925.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22328

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	189.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Christopher Sims

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP TRADE RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2002.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22542

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Doris Sims

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21902

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Doris Sims

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22327

Amount of Each Receipt this Period  
10.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **97.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Doris Sims

Mailing Address 750 W. John Carpenter Fwy.  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22541

Amount of Each Receipt this Period  
10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gary Slagle

Mailing Address 211 Commerce Street  
Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21904

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gary Slagle

Mailing Address 211 Commerce Street  
Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22329

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gary Slagle

Mailing Address 211 Commerce Street  
Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22543

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Alice Sloan

Mailing Address 11311 McCormick Road  
Building 75, Suite 230

City Hunt Valley State MD Zip Code 21031

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP ACCOUNT MANAGEMENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21905

Amount of Each Receipt this Period  
75.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Alice Sloan

Mailing Address 11311 McCormick Road  
Building 75, Suite 230

City Hunt Valley State MD Zip Code 21031

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP ACCOUNT MANAGEMENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22330

Amount of Each Receipt this Period  
75.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Alice Sloan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 70105.C22544	
City State Zip Code Hunt Valley MD 21031	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP ACCOUNT MANAGEMENT	Aggregate Year-to-Date ▼ 1950.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Laura Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6471 Twin Lakes		Transaction ID: 61227.C21941	
City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Laura Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 6471 Twin Lakes		Transaction ID: 70105.C22331	
City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	105.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 196		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Laura Smith

Mailing Address 6471 Twin Lakes

City State Zip Code  
Mason OH 45040

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22545

Amount of Each Receipt this Period  
15.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Yvonne Southwell

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1848.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21907

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Yvonne Southwell

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22332

Amount of Each Receipt this Period  
77.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	169.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 164 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Yvonne Southwell

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2002.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22546

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
William Spalding

Mailing Address 211 Commerce Street

City State Zip Code  
Nashville TN 37201-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4551.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21908

Amount of Each Receipt this Period  
192.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
William Spalding

Mailing Address 211 Commerce Street

City State Zip Code  
Nashville TN 37201-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4743.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22333

Amount of Each Receipt this Period  
192.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	461.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William Spalding

Mailing Address 211 Commerce Street

City State Zip Code  
Nashville TN 37201-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation EVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4935.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22547

Amount of Each Receipt this Period  
192.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
David Specht

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP SERVICE OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21909

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David Specht

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP SERVICE OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22334

Amount of Each Receipt this Period  
40.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 272.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David Specht</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22548	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP SERVICE OPERATIONS		Aggregate Year-to-Date ▼ 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. William Spehr</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61227.C21910	
City State Zip Code Hunt Valley MD 21031		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP ACCOUNT SERVICES		Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William Spehr</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 70105.C22335	
City State Zip Code Hunt Valley MD 21031		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP ACCOUNT SERVICES		Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 196  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William Spehr

Mailing Address 11311 McCormick Road  
Building 75, Suite 230

City State Zip Code  
Hunt Valley MD 21031

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP ACCOUNT SERVICES

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22549

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Richard Stafford

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR PROCUREMENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21911

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Stafford

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation MGR PROCUREMENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22336

Amount of Each Receipt this Period  
10.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **70.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Stafford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22550	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation MGR PROCUREMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carolyn Stang		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21912	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1848.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Carolyn Stang		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22337	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn Stang		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22551	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 2002.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Paul Stivender		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 300 Overbrook Road		Transaction ID: 61227.C21914	
City State Zip Code Birmingham AL 35213	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Paul Stivender		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 300 Overbrook Road		Transaction ID: 70105.C22339	
City State Zip Code Birmingham AL 35213	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	177.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul Stivender

Mailing Address 300 Overbrook Road

City Birmingham State AL Zip Code 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22553

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Sidney Stolz

Mailing Address 1300 I Street NW Suite 525 West

City Washington State DC Zip Code 20005-3336

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21915

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sidney Stolz

Mailing Address 1300 I Street NW Suite 525 West

City Washington State DC Zip Code 20005-3336

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SVP MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22340

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Sidney Stolz</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 70105.C22554	
City Washington State DC Zip Code 20005-3336	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation SVP MARKETING	Aggregate Year-to-Date ▼ 2600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Marian Swanson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21916	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Marian Swanson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22341	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark Occupation VP	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Marian Swanson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22555	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Albert Thigpen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21917	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP TRADE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Albert Thigpen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22342	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP TRADE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Albert Thigpen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22556
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 35.00
Name of Employer Caremark Occupation VP TRADE RELATIONS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 910.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Brice Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 61227.C21918
City Scottsdale State AZ Zip Code 85260	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR FINANCE TREASURY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Brice Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		<b>Transaction ID:</b> 70105.C22343
City Scottsdale State AZ Zip Code 85260	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation DIR FINANCE TREASURY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brice Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 70105.C22557
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation DIR FINANCE TREASURY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 1057 SW Depot Court		Transaction ID: 61227.C21919
City State Zip Code Port Orchard WA 98367	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Karen Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1057 SW Depot Court		Transaction ID: 70105.C22344
City State Zip Code Port Orchard WA 98367	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 196  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Karen Thompson

Mailing Address 1057 SW Depot Court

City State Zip Code  
Port Orchard WA 98367

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22558

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Janet Toth

Mailing Address 112 Lancaster Avenue

City State Zip Code  
Pittsburgh PA 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21920

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Janet Toth

Mailing Address 112 Lancaster Avenue

City State Zip Code  
Pittsburgh PA 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22345

Amount of Each Receipt this Period  
20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **60.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 196  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Janet Toth

Mailing Address 112 Lancaster Avenue

City State Zip Code  
Pittsburgh PA 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Caremark Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 520.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

**Transaction ID:** 70105.C22559

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Andrew Ursitti

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City State Zip Code  
Irving TX 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Caremark VP FINANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1848.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	6

**Transaction ID:** 61227.C21921

Amount of Each Receipt this Period  
77.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Andrew Ursitti

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City State Zip Code  
Irving TX 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Caremark VP FINANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1925.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

**Transaction ID:** 70105.C22346

Amount of Each Receipt this Period  
77.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **174.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew Ursitti		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 70105.C22560
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.00
Name of Employer Caremark	Occupation VP FINANCE	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2002.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Leslie Wachsmann		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21923
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Leslie Wachsmann		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22348
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	147.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 178 / 196						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Leslie Wachsman

Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22562

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gloria Walker

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21924

Amount of Each Receipt this Period  
35.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gloria Walker

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22349

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Gloria Walker

Mailing Address 7034 Alamo Downs Pkwy

City San Antonio State TX Zip Code 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22563

Amount of Each Receipt this Period  
35.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Sandra Wallace

Mailing Address 2211 Sanders Road  
5th Floor

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21925

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sandra Wallace

Mailing Address 2211 Sanders Road  
5th Floor

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22350

Amount of Each Receipt this Period  
20.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sandra Wallace

Mailing Address 2211 Sanders Road  
5th Floor

City Northbrook State IL Zip Code 60062-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22564

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lee Warshawsky

Mailing Address 9501 East Shea Blvd

City Scottsdale State AZ Zip Code 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP MAIL SVC BUSINESS OPERATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21926

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lee Warshawsky

Mailing Address 9501 East Shea Blvd

City Scottsdale State AZ Zip Code 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP MAIL SVC BUSINESS OPERATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22351

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lee Warshawsky

Mailing Address 9501 East Shea Blvd

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP MAIL SVC BUSINESS OPERATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22565

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Walter Washburn

Mailing Address 750 W. John Carpenter Fwy Suite 1200

City State Zip Code  
Irving TX 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR IT PROJECTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21927

Amount of Each Receipt this Period  
15.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Walter Washburn

Mailing Address 750 W. John Carpenter Fwy Suite 1200

City State Zip Code  
Irving TX 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR IT PROJECTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22352

Amount of Each Receipt this Period  
15.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Walter Washburn

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation DIR IT PROJECTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22566

Amount of Each Receipt this Period  
15.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Cheryl Weber

Mailing Address 8468 East Ridge Drive

City Pleasant Prairie State WI Zip Code 53158

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21928

Amount of Each Receipt this Period  
10.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Cheryl Weber

Mailing Address 8468 East Ridge Drive

City Pleasant Prairie State WI Zip Code 53158

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22353

Amount of Each Receipt this Period  
10.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Cheryl Weber

Mailing Address 8468 East Ridge Drive

City Pleasant Prairie State WI Zip Code 53158

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22567

Amount of Each Receipt this Period  
 10.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mark Weeks

Mailing Address 211 Commerce Street Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21929

Amount of Each Receipt this Period  
 100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mark Weeks

Mailing Address 211 Commerce Street Suite 800

City Nashville State TN Zip Code 37201-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation SR VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22354

Amount of Each Receipt this Period  
 100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mark Weeks</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 70105.C22568
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Wengler</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 61227.C21930
City San Antonio State TX Zip Code 78238-4509	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Wengler</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 70105.C22355
City San Antonio State TX Zip Code 78238-4509	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> John Wengler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 70105.C22569	
City State Zip Code San Antonio TX 78238-4509	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Senior Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Scott Wertz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61227.C21931	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1980.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Wertz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 70105.C22356	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Scott Wertz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2211 Sanders Road		<b>Transaction ID:</b> 70105.C22570
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Caremark	Occupation VP MARKETING	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2180.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph West</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 4411 Tweedsmuir Court		<b>Transaction ID:</b> 61227.C21932
City Moseley	State VA	Zip Code 23120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph West</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 4411 Tweedsmuir Court		<b>Transaction ID:</b> 70105.C22357
City Moseley	State VA	Zip Code 23120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 187 / 196
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Joseph West</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4411 Tweedsmuir Court		<b>Transaction ID: 70105.C22571</b>	
City State Zip Code Moseley VA 23120		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

Full Name (Last, First, Middle Initial) <b>B. Terry White</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		<b>Transaction ID: 61227.C21933</b>	
City State Zip Code Irving TX 75039-2507		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1848.00		

Full Name (Last, First, Middle Initial) <b>C. Terry White</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		<b>Transaction ID: 70105.C22358</b>	
City State Zip Code Irving TX 75039-2507		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	189.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 / 196
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Terry White

Mailing Address 750 W. John Carpenter Fwy  
Suite 1200

City Irving State TX Zip Code 75039-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2002.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22572

Amount of Each Receipt this Period  
77.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
C Casey Wilkes

Mailing Address 7034 Alamo Downs Pkwy

City San Antonio State TX Zip Code 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21935

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
C Casey Wilkes

Mailing Address 7034 Alamo Downs Pkwy

City San Antonio State TX Zip Code 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22360

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	157.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> C Casey Wilkes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 70105.C22574
City State Zip Code San Antonio TX 78238-4509	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 61227.C21936
City State Zip Code San Antonio TX 78238-4509	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 70105.C22361
City State Zip Code San Antonio TX 78238-4509	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt	
Name of Employer Caremark Occupation Account Executive	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Wood

Mailing Address 7034 Alamo Downs Pkwy

City State Zip Code  
San Antonio TX 78238-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70105.C22575

Amount of Each Receipt this Period  
20.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kristin Wood-Hales

Mailing Address 4041 Newport Lane

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: 61227.C21937

Amount of Each Receipt this Period  
20.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Kristin Wood-Hales

Mailing Address 4041 Newport Lane

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing federal political committee. **C**

Name of Employer Caremark Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: 70105.C22362

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 / 196
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Kristin Wood-Hales</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4041 Newport Lane		Transaction ID: 70105.C22576	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B. William Yates</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4250 St. Claire Drive		Transaction ID: 61227.C21938	
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation CLINICAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>C. William Yates</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 4250 St. Claire Drive		Transaction ID: 70105.C22363	
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation CLINICAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 196		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. William Yates</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4250 St. Claire Drive		<b>Transaction ID: 70105.C22577</b>	
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation CLINICAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B. Eric Yonkus</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 5235 Ravenswood #10		<b>Transaction ID: 61227.C21939</b>	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>C. Eric Yonkus</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5235 Ravenswood #10		<b>Transaction ID: 70105.C22364</b>	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Caremark	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 193 / 196	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Eric Yonkus

Mailing Address 5235 Ravenswood #10

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Caremark Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 70105.C22578

Amount of Each Receipt this Period  
35.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	24805.00

**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)

PAGE 194 / 196

<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)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Citizens for Altmire</b>		Transaction ID: 70104.E836 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 3000.00	
City Freedom	State PA	Zip Code 15042-0176	
Purpose of Disbursement PA-US HOUSE 4 DEBT RETIREMENT		Category/ Type	
Candidate Name JASON ALTMIRE		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04		
		PA-US HOUSE 4 DEBT RETIRE- MENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3000.00

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ken Cheuvront Campaign</b>		<b>Transaction ID:</b> 61227.E835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 3312 N 11th Ave Apt A		Amount of Each Disbursement this Period -200.00
City Phoenix State AZ Zip Code 85013-4006		
Purpose of Disbursement CK UNCASHED RPT M10 2005		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-Elect Bob McKee</b>		<b>Transaction ID:</b> 61227.E832 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 120 Country Club Lane		Amount of Each Disbursement this Period -500.00
City Knoxville State TN Zip Code 37901-		
Purpose of Disbursement CK UNCASHED ORIG RPT M9 06		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Colette Rosati Campaign</b>		<b>Transaction ID:</b> 61227.E834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 6040 E Jenan Dr		Amount of Each Disbursement this Period -100.00
City Scottsdale State AZ Zip Code 85254-4974		
Purpose of Disbursement CK UNCASHED RPT M10 05		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Caremark Rx Inc. Employees Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Tomenga for State Representative

Mailing Address 7250 Hyperion Pt

City Johnston State IA Zip Code 50131-1977

Purpose of Disbursement  
CK UNCASHED RPT PREGEN 06

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61227.E833

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

-250.00

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

-250.00

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

-1050.00