

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 11 07 2006 in the State of IL

5. Covering Period 10 19 2006 through 11 27 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 12 05 2006

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	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	79454.00									
(c) Total Receipts (from Line 19)	25542.00	212072.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104996.00	567696.00								
7. Total Disbursements (from Line 31)	6000.00	468700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	98996.00	98996.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	24965.00	178979.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	577.00	33093.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25542.00	212072.00
(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)	25542.00	212072.00
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))	25542.00	212072.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25542.00	212072.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	6000.00	354000.00
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.....	0.00	114700.00
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))..	6000.00	468700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6000.00	468700.00

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)	25542.00	212072.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25542.00	212072.00
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 / 193
	<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. Samantha D Akins		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2700 Milan Ct		Transaction ID: 61023.C21049
City Birmingham	State AL	Zip Code 35211-6919
FEC ID number of contributing federal political committee. C		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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Samantha D Akins		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2700 Milan Ct		Transaction ID: 61128.C21282
City Birmingham	State AL	Zip Code 35211-6919
FEC ID number of contributing federal political committee. C		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 ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Samantha D Akins		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2700 Milan Ct		Transaction ID: 61128.C21501
City Birmingham	State AL	Zip Code 35211-6919
FEC ID number of contributing federal political committee. C		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 ▼ 230.00	

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 7 / 193
	<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) A. Lora Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21050	
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 ▼ 735.00		

Full Name (Last, First, Middle Initial) B. Lora Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21283	
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 ▼ 770.00		

Full Name (Last, First, Middle Initial) C. Lora Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21502	
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 ▼ 805.00		

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 8 / 193
	<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) A. Kray Arnold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 E Shea Blvd		Transaction ID: 61023.C21051	
City State Zip Code Scottsdale AZ 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 ▼ 630.00		

Full Name (Last, First, Middle Initial) B. Kray Arnold		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 E Shea Blvd		Transaction ID: 61128.C21284	
City State Zip Code Scottsdale AZ 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 ▼ 665.00		

Full Name (Last, First, Middle Initial) C. Kray Arnold		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 E Shea Blvd		Transaction ID: 61128.C21503	
City State Zip Code Scottsdale AZ 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 ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL 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 9 / 193
	<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)
Loretta Katherine Ashby

Mailing Address 2211 Sanders Road
6th 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 ▼ 420.00

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

Transaction ID: 61023.C21052

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
Loretta Katherine Ashby

Mailing Address 2211 Sanders Road
6th 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 ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21285

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Loretta Katherine Ashby

Mailing Address 2211 Sanders Road
6th 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 ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21504

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 10 / 193
	<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)
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 ▼ 1617.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21053

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 ▼ 1694.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21286

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 ▼ 1771.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21505

Amount of Each Receipt this Period
77.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	231.00
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 11 / 193
	<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) A. Neal Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21054	
City Northbrook	State IL	Zip Code 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 ▼ 1617.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Neal Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21287	
City Northbrook	State IL	Zip Code 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 ▼ 1694.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Neal Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21506	
City Northbrook	State IL	Zip Code 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 ▼ 1771.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	231.00
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 12 / 193
	<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)
Robert Baldino

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 ▼ 1617.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21055

Amount of Each Receipt this Period
77.00

Receipt

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

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 ▼ 1694.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21288

Amount of Each Receipt this Period
77.00

Receipt

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

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 ▼ 1771.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21507

Amount of Each Receipt this Period
77.00

Receipt

SUBTOTAL of Receipts This Page (optional)	231.00
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 13 / 193
	<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) A. Lauren Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61023.C21056
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation VP STATE GOVERNMENT RELATIONS	Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lauren Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61128.C21289
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation VP STATE GOVERNMENT RELATIONS	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lauren Baldwin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61128.C21508
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation VP STATE GOVERNMENT RELATIONS	Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:	PAGE 14 / 193
	(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)
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 ▼
735.00

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

Transaction ID: 61023.C21057

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 ▼
770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21290

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 ▼
805.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21509

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 15 / 193
	<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) A. Mark Barrow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61023.C21272	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Mark Barrow		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61128.C21494	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Mark Barrow		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61128.C21711	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL 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 / 193
	<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) A. Melanie Benson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21059
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation DIR NETWORK SYSTEMS & STANDARD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Melanie Benson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21292
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation DIR NETWORK SYSTEMS & STANDARD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Melanie Benson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21511
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation DIR NETWORK SYSTEMS & STANDARD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL 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 17 / 193
	<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) A. Jan Berger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61023.C21060
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 2730.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jan Berger		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61128.C21293
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 2860.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jan Berger		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61128.C21512
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SVP	Aggregate Year-to-Date ▼ 2990.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL 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 18 / 193	
	(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) A. H. K. Bessant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21273	
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 ▼ 840.00		

Full Name (Last, First, Middle Initial) B. H. K. Bessant		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21495	
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 ▼ 880.00		

Full Name (Last, First, Middle Initial) C. H. K. Bessant		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21513	
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 ▼ 920.00		

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 19 / 193
	<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)
Laura Birmingham

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 ▼ 100.00

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

Transaction ID: 61023.C21062

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laura Birmingham

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 ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21295

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Laura Birmingham

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21514

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 20 / 193
	<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) A. Steven Blake		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61023.C21063
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven Blake		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61128.C21296
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steven Blake		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61128.C21515
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 21 / 193						
	(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) A. Lawrence Blandford		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1306 Highland Ave		Transaction ID: 61023.C21064	
City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 420.00		

Full Name (Last, First, Middle Initial) B. Lawrence Blandford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1306 Highland Ave		Transaction ID: 61128.C21297	
City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 440.00		

Full Name (Last, First, Middle Initial) C. Lawrence Blandford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1306 Highland Ave		Transaction ID: 61128.C21516	
City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 460.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 22 / 193
	(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) A. Beth Bly		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61023.C21065	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation ACCOUNT MANAGEMENT ANALYST	Aggregate Year-to-Date ▼ 315.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Beth Bly		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61128.C21298	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation ACCOUNT MANAGEMENT ANALYST	Aggregate Year-to-Date ▼ 330.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Beth Bly		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61128.C21517	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation ACCOUNT MANAGEMENT ANALYST	Aggregate Year-to-Date ▼ 345.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	45.00
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 23 / 193
	<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)
Scott Bond

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 ACCOUNT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: 61023.C21066

Amount of Each Receipt this Period
25.00

Receipt

B. Full Name (Last, First, Middle Initial)
Scott Bond

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 ACCOUNT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21299

Amount of Each Receipt this Period
25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Scott Bond

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 ACCOUNT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21518

Amount of Each Receipt this Period
25.00

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 24 / 193
	<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) A. Allison Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21069	
City Scottsdale	State AZ	Zip Code 85260	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		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 ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Allison Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21302	
City Scottsdale	State AZ	Zip Code 85260	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		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 ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Allison Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21521	
City Scottsdale	State AZ	Zip Code 85260	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		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 ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL 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 25 / 193
	<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)
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. **C**

Name of Employer Caremark Occupation Account Executive Strategic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: 61023.C21070

Amount of Each Receipt this Period
20.00

Receipt

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. **C**

Name of Employer Caremark Occupation Account Executive Strategic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21303

Amount of Each Receipt this Period
20.00

Receipt

C. 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. **C**

Name of Employer Caremark Occupation Account Executive Strategic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21525

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 26 / 193		
	<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)
Thomas Burbeck

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 IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21071

Amount of Each Receipt this Period
10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Burbeck

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 IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21304

Amount of Each Receipt this Period
10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Burbeck

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 IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21522

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 27 / 193						
	(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)
Frederick Burns

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

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

Transaction ID: 61023.C21072

Amount of Each Receipt this Period
 35.00

Receipt

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

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21305

Amount of Each Receipt this Period
 35.00

Receipt

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

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21523

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 28 / 193
	<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) A. Joanne Carlson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21075
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
	Aggregate Year-to-Date ▼ 735.00	

Full Name (Last, First, Middle Initial) B. Joanne Carlson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21308
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) C. Joanne Carlson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21527
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
	Aggregate Year-to-Date ▼ 805.00	

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 29 / 193
	<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) A. Robert Cascarano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61023.C21076
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Robert Cascarano		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21309
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
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 ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Robert Cascarano		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21528
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00	
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 ▼ 340.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 / 193
	<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) A. Peter Clemens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61023.C21077	
City Nashville State TN Zip Code 37201-1817		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation EVP CHIEF FINANCIAL OFFICER		Aggregate Year-to-Date ▼ 2100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Peter Clemens		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21310	
City Nashville State TN Zip Code 37201-1817		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation EVP CHIEF FINANCIAL OFFICER		Aggregate Year-to-Date ▼ 2200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Peter Clemens		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21529	
City Nashville State TN Zip Code 37201-1817		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation EVP CHIEF FINANCIAL OFFICER		Aggregate Year-to-Date ▼ 2300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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 31 / 193
	(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)
Barbara Cleppe

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 DIR ACCOUNT MANAGEMENT
------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: 61023.C21078

Amount of Each Receipt this Period
10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Barbara Cleppe

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 DIR ACCOUNT MANAGEMENT
------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: 61128.C21311

Amount of Each Receipt this Period
10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Barbara Cleppe

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 DIR ACCOUNT MANAGEMENT
------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	6

Transaction ID: 61128.C21530

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 32 / 193
	<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 Covett

Mailing Address 5904 Downington PI NW

City State Zip Code
Acworth GA 30101-8480

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 ▼ 735.00

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

Transaction ID: 61023.C21080

Amount of Each Receipt this Period
35.00

Receipt

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

Mailing Address 5904 Downington PI NW

City State Zip Code
Acworth GA 30101-8480

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 ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21313

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Andrew Crawford

Mailing Address 211 Commerce Street Suite 800

City State Zip Code
Nashville TN 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 ▼ 3150.00

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

Transaction ID: 61023.C21081

Amount of Each Receipt this Period
150.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 33 / 193
	(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)
Andrew Crawford

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 ▼ 3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Transaction ID: 61128.C21314

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Crawford

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 ▼ 3450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	6

Transaction ID: 61128.C21533

Amount of Each Receipt this Period
150.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edwin Crawford

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 CHAIRMAN & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

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

Transaction ID: 61023.C21082

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	500.00
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 34 / 193
	<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) A. Edwin Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21315
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation CHAIRMAN & CEO	Aggregate Year-to-Date ▼ 4200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Edwin Crawford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21534
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation CHAIRMAN & CEO	Aggregate Year-to-Date ▼ 4400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald Crenshaw		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21083
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	420.00
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 35 / 193
	<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. Ronald Crenshaw		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21316	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00		
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 ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Ronald Crenshaw		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21535	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00		
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 ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Kenneth Czarnecki		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21084	
City State Zip Code Irving TX 75039	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SVP PHARMACIES AND SERVICE CEN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL 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 36 / 193
	<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) A. Kenneth Czarnecki		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21317
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation SVP PHARMACIES AND SERVICE CEN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) B. Kenneth Czarnecki		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21536
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation SVP PHARMACIES AND SERVICE CEN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Yolanda Daniel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21085
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 85.00	
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 ▼ 1785.00	

SUBTOTAL of Receipts This Page (optional) ▶	285.00
TOTAL 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 37 / 193
	(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)
Yolanda Daniel

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 ▼ 1870.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21318

Amount of Each Receipt this Period
85.00

Receipt

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

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 ▼ 1955.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21537

Amount of Each Receipt this Period
85.00

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 ▼ 840.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21086

Amount of Each Receipt this Period
40.00

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: (check only one)	PAGE 38 / 193
<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) A. James Dixon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21319	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
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 ▼ 880.00		

Full Name (Last, First, Middle Initial) B. James Dixon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21538	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
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 ▼ 920.00		

Full Name (Last, First, Middle Initial) C. John Dorman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61023.C21087	
City State Zip Code Irving TX 75039	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL 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 39 / 193
	<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)
John Dorman

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 CLIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21320

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Dorman

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 CLIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21539

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Philip Ellison Jr

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 AVP HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21088

Amount of Each Receipt this Period
35.00

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 40 / 193
	<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) A. Philip Ellison Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61128.C21321	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP HUMAN RESOURCES		Aggregate Year-to-Date ▼ 770.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Philip Ellison Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61128.C21540	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP HUMAN RESOURCES		Aggregate Year-to-Date ▼ 805.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Timothy Fancher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2105 Eagle Parkway		Transaction ID: 61023.C21089	
City Fort Worth State TX Zip Code 76177		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation DIR PHARMACY		Aggregate Year-to-Date ▼ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	110.00
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 41 / 193
	<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) A. Timothy Fancher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2105 Eagle Parkway		Transaction ID: 61128.C21322	
City State Zip Code Fort Worth TX 76177	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		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 ▼ 880.00		

Full Name (Last, First, Middle Initial) B. Timothy Fancher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2105 Eagle Parkway		Transaction ID: 61128.C21541	
City State Zip Code Fort Worth TX 76177	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		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 ▼ 920.00		

Full Name (Last, First, Middle Initial) C. A. L. Faudskar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21274	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C		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 ▼ 555.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL 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 42 / 193
	(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) A. L. Faudskar		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21496
City Scottsdale	State AZ	Zip Code 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 ▼ 610.00	

Full Name (Last, First, Middle Initial) A. L. Faudskar		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21542
City Scottsdale	State AZ	Zip Code 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 ▼ 665.00	

Full Name (Last, First, Middle Initial) Lucia Feczko		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21091
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation Dir Clinical Services	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
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 43 / 193
	(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)
Lucia Feczko

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 Occupation
Caremark Dir Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21324

Amount of Each Receipt this Period
35.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lucia Feczko

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 Occupation
Caremark Dir Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21543

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Tracy Fields

Mailing Address P. O. Box 6634

City State Zip Code
Lees Summit MO 64064

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21092

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 44 / 193
	<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) A. Tracy Fields		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address P. O. Box 6634		Transaction ID: 61128.C21325
City Lees Summit	State MO	Zip Code 64064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Caremark	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Tracy Fields		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address P. O. Box 6634		Transaction ID: 61128.C21544
City Lees Summit	State MO	Zip Code 64064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Caremark	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Michael Fieri		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21093
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Caremark	Occupation VP SALES	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
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 45 / 193
	<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) A. Michael Fieri		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21326	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP SALES	Aggregate Year-to-Date ▼ 1760.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael Fieri		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21545	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP SALES	Aggregate Year-to-Date ▼ 1840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sara Finley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61023.C21094	
City Nashville	State TN	Zip Code 37201-1817	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SVP	Aggregate Year-to-Date ▼ 2100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	260.00
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 46 / 193
	<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. Sara Finley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21327	
City State Zip Code Nashville TN 37201-1817		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation SVP		Aggregate Year-to-Date ▼ 2200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sara Finley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21546	
City State Zip Code Nashville TN 37201-1817		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation SVP		Aggregate Year-to-Date ▼ 2300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Brian Fleming		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 61023.C21095	
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. C		Receipt	
Name of Employer Caremark Occupation PROJECT MANAGER		Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	220.00
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 47 / 193
	<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)
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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21328

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21547

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dora Folden

Mailing Address 6817 Woodmere Drive

City State Zip Code
Riverside CA 92509

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 ▼ 315.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21096

Amount of Each Receipt this Period
15.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	55.00
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 48 / 193
	<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) A. Dora Folden		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 6817 Woodmere Drive		Transaction ID: 61128.C21329	
City State Zip Code Riverside CA 92509		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Caremark Senior Manager		Aggregate Year-to-Date ▼ 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dora Folden		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 6817 Woodmere Drive		Transaction ID: 61128.C21548	
City State Zip Code Riverside CA 92509		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Caremark Senior Manager		Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Christopher Freed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21097	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Caremark DIR PHARMACY RESOURCE CENTER		Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	80.00
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 49 / 193
	<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) A. Christopher Freed		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21330	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		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 ▼ 900.00		

Full Name (Last, First, Middle Initial) B. Christopher Freed		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21549	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		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 ▼ 950.00		

Full Name (Last, First, Middle Initial) C. Jane Freyer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21098	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
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 50 / 193
<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) A. Jane Freyer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21331	
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		
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. Jane Freyer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21550	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

Full Name (Last, First, Middle Initial) C. Joseph Gallo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5480 Sunstone Lane		Transaction ID: 61023.C21099	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL 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 51 / 193
	<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) A. Joseph Gallo		Date of Receipt
Mailing Address 5480 Sunstone Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Castle Rock CO 80104		<input type="text"/> 1 1 / <input type="text"/> 0 3 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. C		Transaction ID: 61128.C21332
Name of Employer Caremark Occupation VP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 35.00
Aggregate Year-to-Date ▼		Receipt
<input type="text"/> 770.00		

Full Name (Last, First, Middle Initial) B. Joseph Gallo		Date of Receipt
Mailing Address 5480 Sunstone Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Castle Rock CO 80104		<input type="text"/> 1 1 / <input type="text"/> 1 7 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. C		Transaction ID: 61128.C21551
Name of Employer Caremark Occupation VP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 35.00
Aggregate Year-to-Date ▼		Receipt
<input type="text"/> 805.00		

Full Name (Last, First, Middle Initial) C. Catherine Gaudio		Date of Receipt
Mailing Address 9501 East Shea Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Scottsdale AZ 85260		<input type="text"/> 1 0 / <input type="text"/> 2 0 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. C		Transaction ID: 61023.C21102
Name of Employer Caremark Occupation MGR CLIENT SERVICES		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 25.00
Aggregate Year-to-Date ▼		Receipt
<input type="text"/> 525.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 95.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 193
	(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) A. Catherine Gaudio		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21335	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		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 ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Catherine Gaudio		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21554	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		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 ▼ 575.00		

Full Name (Last, First, Middle Initial) C. Peggy Gedzyk		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5817 Hancock Lane		Transaction ID: 61023.C21103	
City State Zip Code Gurnee IL 60031	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 53 / 193
	<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)
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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21336

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 ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21555

Amount of Each Receipt this Period
10.00

Receipt

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

Mailing Address 211 Commerce Street Suite 800

City State Zip Code
Nashville TN 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 ▼ 735.00

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

Transaction ID: 61023.C21104

Amount of Each Receipt this Period
35.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	55.00
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 54 / 193
	<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)
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 ▼
770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21337

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 ▼
805.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21556

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Gibbons

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 PHARMACY OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

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

Transaction ID: 61023.C21105

Amount of Each Receipt this Period
20.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	90.00
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 55 / 193
	<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) A. Thomas Gibbons		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21338
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 VP PHARMACY OPERATIONS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Thomas Gibbons		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21557
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 VP PHARMACY OPERATIONS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Jack Gierat		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 2714 North Magnolia #1F		Transaction ID: 61023.C21106
City State Zip Code Chicago IL 60614	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
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 ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 56 / 193
	<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) A. Jack Gierat		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2714 North Magnolia #1F		Transaction ID: 61128.C21339
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jack Gierat		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2714 North Magnolia #1F		Transaction ID: 61128.C21558
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation Director	Aggregate Year-to-Date ▼ 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gregory Gierwielanec		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21107
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation VP FINANCE	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	40.00
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 57 / 193
	<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) A. Gregory Gierwielanec		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21340
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Gregory Gierwielanec		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21559
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Michael Gill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21108
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00	

SUBTOTAL of Receipts This Page (optional) ▶	117.00
TOTAL 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 58 / 193 (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) Michael Gill Mailing Address 2211 Sanders Road City State Zip Code Northbrook IL 60062-6150 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61128.C21341 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>77.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	6		77.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	3		2	0	0	6														
	77.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1694.00</td> </tr> </table>		1694.00																				
	1694.00																						

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	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61128.C21560 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>77.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	6		77.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	7		2	0	0	6														
	77.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1771.00</td> </tr> </table>		1771.00																				
	1771.00																						

C. Full Name (Last, First, Middle Initial) Thomas Godfrey Mailing Address 9501 East Shea Blvd City State Zip Code Scottsdale AZ 85260 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61023.C21109 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>20.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6		20.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	0		2	0	0	6														
	20.00																						
Name of Employer Caremark Occupation AVP MATERIALS MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>420.00</td> </tr> </table>		420.00																				
	420.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>174.00</td> </tr> </table>		174.00
	174.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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 59 / 193
	<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) A. Thomas Godfrey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21342	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation AVP MATERIALS MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Thomas Godfrey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21561	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation AVP MATERIALS MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Yoram Gold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21110	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	50.00
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 60 / 193
	<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) A. Yoram Gold		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21343	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Yoram Gold		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21562	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
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 ▼ 230.00	

Full Name (Last, First, Middle Initial) C. David Golding		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61023.C21111	
City State Zip Code Northbrook IL 60062-2507		Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 2835.00	

SUBTOTAL of Receipts This Page (optional) ▶	155.00
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 61 / 193
	(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)
David Golding

Mailing Address 2211 Sanders Road
10th Floor

City State Zip Code
Northbrook IL 60062-2507

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

Name of Employer Caremark Occupation SVP SPECIALTY PHARMACY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2970.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21344

Amount of Each Receipt this Period
135.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Golding

Mailing Address 2211 Sanders Road
10th Floor

City State Zip Code
Northbrook IL 60062-2507

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

Name of Employer Caremark Occupation SVP SPECIALTY PHARMACY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3105.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21563

Amount of Each Receipt this Period
135.00

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 ▼ 735.00

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

Transaction ID: 61023.C21112

Amount of Each Receipt this Period
35.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	305.00
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 62 / 193
	<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)
Gerard Greene

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 Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21345

Amount of Each Receipt this Period
35.00

Receipt

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

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 Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21564

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Domenico Gugliuzza

Mailing Address 11311 McCormick Road
Building 75, Suite 230

City Hunt Valley State MD Zip Code 21031-1002

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

Name of Employer Caremark Occupation AVP REBATES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21114

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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 63 / 193
	<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)
Domenico Gugliuzza

Mailing Address 11311 McCormick Road
Building 75, Suite 230

City State Zip Code
Hunt Valley MD 21031-1002

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

Name of Employer Caremark Occupation AVP REBATES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21347

Amount of Each Receipt this Period
25.00

Receipt

B. Full Name (Last, First, Middle Initial)
Domenico Gugliuzza

Mailing Address 11311 McCormick Road
Building 75, Suite 230

City State Zip Code
Hunt Valley MD 21031-1002

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

Name of Employer Caremark Occupation AVP REBATES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21566

Amount of Each Receipt this Period
25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert E Hahn-Lowry

Mailing Address 16674 W Roosevelt St

City State Zip Code
Goodyear AZ 85338-6194

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

Name of Employer Caremark Occupation AVP TRADE RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: 61023.C21115

Amount of Each Receipt this Period
15.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 65.00

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 64 / 193
	(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) A. Robert E Hahn-Lowry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 16674 W Roosevelt St		Transaction ID: 61128.C21348	
City State Zip Code Goodyear AZ 85338-6194		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP TRADE RELATIONS		Aggregate Year-to-Date ▼ 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert E Hahn-Lowry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 16674 W Roosevelt St		Transaction ID: 61128.C21567	
City State Zip Code Goodyear AZ 85338-6194		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP TRADE RELATIONS		Aggregate Year-to-Date ▼ 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Renee Hammons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5177 Kimbark Woods		Transaction ID: 61023.C21117	
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 ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	50.00
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 65 / 193
	<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)
Renee Hammons

Mailing Address 5177 Kimbark Woods

City State Zip Code
Memphis TN 38134

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 ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21350

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
Renee Hammons

Mailing Address 5177 Kimbark Woods

City State Zip Code
Memphis TN 38134

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 ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21569

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward L Hardin Jr.

Mailing Address 211 Commerce Street Suite 800

City State Zip Code
Nashville TN 37201-1817

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 ▼ 2835.00

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

Transaction ID: 61023.C21275

Amount of Each Receipt this Period
135.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	175.00
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 66 / 193
	<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)
Edward L Hardin Jr.

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 EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2970.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21497

Amount of Each Receipt this Period
135.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edward L Hardin Jr.

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 EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3105.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21712

Amount of Each Receipt this Period
135.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Haught

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 AVP CLIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: 61023.C21119

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	295.00
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 67 / 193
	(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) A. Stephen Haught		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21352
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Stephen Haught		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21571
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Robert Heglin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21120
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		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 ▼ 315.00	

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL 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 68 / 193
	<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 Heglin

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 ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21353

Amount of Each Receipt this Period
15.00

Receipt

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. **C**

Name of Employer Caremark Occupation AVP ASSISTANT GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21572

Amount of Each Receipt this Period
15.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joel Helle

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 CLINICAL SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21121

Amount of Each Receipt this Period
10.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	40.00
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 69 / 193
	<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) A. Joel Helle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21354	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Joel Helle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21573	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Steven Higgins		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 750 W John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21122	
City State Zip Code Irving TX 75039-2507	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation MGR ANALYSIS & REPORTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

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 70 / 193
	<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) A. Steven Higgins		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6		
Mailing Address 750 W John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21355		
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 10.00		Receipt	
FEC ID number of contributing federal political committee. C				
Name of Employer Caremark	Occupation MGR ANALYSIS & REPORTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Steven Higgins		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6		
Mailing Address 750 W John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21574		
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 10.00		Receipt	
FEC ID number of contributing federal political committee. C				
Name of Employer Caremark	Occupation MGR ANALYSIS & REPORTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Irv Hines		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6		
Mailing Address 5701 Green Valley Dr		Transaction ID: 61023.C21123		
City Minneapolis State MN Zip Code 55437	Amount of Each Receipt this Period 10.00		Receipt	
FEC ID number of contributing federal political committee. C				
Name of Employer Caremark	Occupation DIRECTOR TRADE RELATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

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 / 193		
	<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)
Irv 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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21356

Amount of Each Receipt this Period
10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Irv 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 ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21575

Amount of Each Receipt this Period
10.00

Receipt

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

Mailing Address 6466 N. Northwest Highway Apt D-2

City State Zip Code
Chicago IL 60631

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 ▼ 315.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21124

Amount of Each Receipt this Period
15.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	35.00
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 72 / 193
	(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 Hogan

Mailing Address 6466 N. Northwest Highway
Apt D-2

City State Zip Code
Chicago IL 60631

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 ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21357

Amount of Each Receipt this Period
15.00

Receipt

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

Mailing Address 6466 N. Northwest Highway
Apt D-2

City State Zip Code
Chicago IL 60631

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 ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21576

Amount of Each Receipt this Period
15.00

Receipt

C. Full Name (Last, First, Middle Initial)
Eddie Holmes

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 IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

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

Transaction ID: 61023.C21125

Amount of Each Receipt this Period
35.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 65.00

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 73 / 193
	<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)
Eddie Holmes

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 IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21358

Amount of Each Receipt this Period
35.00

Receipt

B. Full Name (Last, First, Middle Initial)
Eddie Holmes

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 IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
805.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21577

Amount of Each Receipt this Period
35.00

Receipt

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

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 Caremark Occupation Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

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

Transaction ID: 61023.C21126

Amount of Each Receipt this Period
20.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	90.00
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 74 / 193
	<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)
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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21359

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21578

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dustin Humphreys

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 PHARMACY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21127

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	65.00
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 75 / 193
	<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) A. Dustin Humphreys		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61128.C21360	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation DIR PHARMACY		Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dustin Humphreys		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61128.C21579	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation DIR PHARMACY		Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Constance Isley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21128	
City Northbrook State IL Zip Code 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 ▼ 1617.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	127.00
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 76 / 193
	(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) A. Constance Isley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21361	
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 ▼ 1694.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Constance Isley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21580	
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 ▼ 1771.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey Jackson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21129	
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 OPERATIONS INTEGRATION	Aggregate Year-to-Date ▼ 840.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	194.00
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 77 / 193						
	(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 ▼
880.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21362

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 ▼
920.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21581

Amount of Each Receipt this Period
40.00

Receipt

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

Mailing Address 35 Highland Road Suite 3403

City State Zip Code
Bethel Park PA 15102

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 ▼
315.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21130

Amount of Each Receipt this Period
15.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 78 / 193
	<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) A. Michael Jaeger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 35 Highland Road Suite 3403		Transaction ID: 61128.C21363
City Bethel Park State PA Zip Code 15102	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
Name of Employer Caremark Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. Michael Jaeger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 35 Highland Road Suite 3403		Transaction ID: 61128.C21582
City Bethel Park State PA Zip Code 15102	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
Name of Employer Caremark Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. Carl Janssens		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address #1 Great Valley Boulevard		Transaction ID: 61023.C21132
City Wilkes Barre State PA Zip Code 18706-5324	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Caremark Occupation VP GENERAL MANAGER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	40.00
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 / 193
	<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)
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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21365

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 ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21584

Amount of Each Receipt this Period
10.00

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 ▼ 252.00

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

Transaction ID: 61023.C21133

Amount of Each Receipt this Period
12.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	32.00
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 80 / 193
	<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) A. Barry Jasilli		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21366	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 12.00		
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 ▼ 264.00		

Full Name (Last, First, Middle Initial) B. Barry Jasilli		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21585	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 12.00		
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 ▼ 276.00		

Full Name (Last, First, Middle Initial) C. Don Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21134	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	34.00
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 81 / 193
	<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) A. Don Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21367	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		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 ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Don Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21586	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		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 ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Charles Jorgenson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61023.C21135	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation AVP GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ▶	40.00
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 82 / 193
	(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) A. Charles Jorgenson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61128.C21368	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP GOVERNMENT AFFAIRS		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. Charles Jorgenson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Boulevard		Transaction ID: 61128.C21587	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP GOVERNMENT AFFAIRS		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) C. John David Joyner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21136	
City State Zip Code Irving TX 75039-2507		Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation EVP SALES		Aggregate Year-to-Date ▼ 2835.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	175.00
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 83 / 193
	<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)
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 ▼ 2970.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21369

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 ▼ 3105.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21588

Amount of Each Receipt this Period
135.00

Receipt

C. Full Name (Last, First, Middle Initial)
Anna Louise Kahane

Mailing Address 9717 Key West Avenue

City Rockville State MD Zip Code 20850-3982

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

Name of Employer Caremark Occupation DIR REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21137

Amount of Each Receipt this Period
10.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 84 / 193
	<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) A. Anna Louise Kahane		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address 9717 Key West Avenue		Transaction ID: 61128.C21370
City Rockville	State MD	Zip Code 20850-3982
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer Caremark	Occupation DIR REIMBURSEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Anna Louise Kahane		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address 9717 Key West Avenue		Transaction ID: 61128.C21589
City Rockville	State MD	Zip Code 20850-3982
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer Caremark	Occupation DIR REIMBURSEMENT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Bradley Karro		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61023.C21138
City Nashville	State TN	Zip Code 37201-1817
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 135.00	
Name of Employer Caremark	Occupation EVP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2835.00	

SUBTOTAL of Receipts This Page (optional)	▶	155.00
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 85 / 193
	<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) A. Bradley Karro		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21371
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation EVP	Aggregate Year-to-Date ▼ 2970.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bradley Karro		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21590
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation EVP	Aggregate Year-to-Date ▼ 3105.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kelly Katch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21140
City Scottsdale State AZ Zip Code 85260	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation MGR IT	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	290.00
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 86 / 193
	<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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21373

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21591

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Christopher Kidd

Mailing Address 2211 Sanders Road
5th Floor

City State Zip Code
Northbrook IL 60062-6150

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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21142

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 87 / 193						
	(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) A. Christopher Kidd		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21374	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation Analyst	Aggregate Year-to-Date ▼ 440.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher Kidd		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21592	
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation Analyst	Aggregate Year-to-Date ▼ 460.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Geoffrey Kilgore		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61023.C21143	
City Atlanta State GA Zip Code 30342	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation VP SALES	Aggregate Year-to-Date ▼ 1620.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 88 / 193
	<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) A. Geoffrey Kilgore		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61128.C21375	
City Atlanta State GA Zip Code 30342		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1700.00	

Full Name (Last, First, Middle Initial) B. Geoffrey Kilgore		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 5607 Glenridge Drive Suite 300		Transaction ID: 61128.C21593	
City Atlanta State GA Zip Code 30342		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1780.00	

Full Name (Last, First, Middle Initial) C. James King		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21144	
City Scottsdale State AZ Zip Code 85260		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1617.00	

SUBTOTAL of Receipts This Page (optional) ▶	237.00
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 89 / 193
	<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) A. James King		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21376	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1694.00		

Full Name (Last, First, Middle Initial) B. James King		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21594	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1771.00		

Full Name (Last, First, Middle Initial) C. Daniel Kline		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2700 Milan Court		Transaction ID: 61023.C21145	
City State Zip Code Birmingham AL 35211		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP PHARMACY OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

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:	PAGE 90 / 193
	(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)
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 ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21377

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 ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21595

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kelli Kovak

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 ▼ 735.00

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

Transaction ID: 61023.C21147

Amount of Each Receipt this Period
35.00

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:	PAGE 91 / 193
	(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) A. Kelli Kovak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21379	
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		
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. Kelli Kovak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21597	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

Full Name (Last, First, Middle Initial) C. Charles Krause		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21148	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00		

SUBTOTAL of Receipts This Page (optional) ▶	147.00
TOTAL 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 92 / 193
	<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) A. Charles Krause		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21380	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1694.00		

Full Name (Last, First, Middle Initial) B. Charles Krause		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21598	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1771.00		

Full Name (Last, First, Middle Initial) C. John Kueter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road 8th Floor		Transaction ID: 61023.C21149	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 420.00		

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 93 / 193
	<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) A. John Kueter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road 8th Floor		Transaction ID: 61128.C21381
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		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 ▼ 440.00	

Full Name (Last, First, Middle Initial) B. John Kueter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road 8th Floor		Transaction ID: 61128.C21599
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		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 ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Steven Kunz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 109 East 2nd Street #11		Transaction ID: 61023.C21150
City New York	State NY	Zip Code 10009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Caremark	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

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 94 / 193
	<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 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 ▼ 770.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21382

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 ▼ 805.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21600

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Kurth

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 ▼ 735.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21151

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 / 193
	<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) A. Timothy Kurth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21383	
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		
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. Timothy Kurth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21601	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

Full Name (Last, First, Middle Initial) C. James Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21153	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP IT MAIL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
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 96 / 193						
	(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) A. Hetty Lima		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21154	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
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. Hetty Lima		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21385	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP	Aggregate Year-to-Date ▼ 880.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Hetty Lima		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21603	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation VP	Aggregate Year-to-Date ▼ 920.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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:	PAGE 97 / 193						
	(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) A. Jason Lindas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road 4th Floor		Transaction ID: 61023.C21156
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Jason Lindas		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road 4th Floor		Transaction ID: 61128.C21387
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Jason Lindas		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road 4th Floor		Transaction ID: 61128.C21605
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Caremark	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

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 98 / 193
	<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) A. Lisa Lindsey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21157	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation DIR NETWORK & PROVIDER SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Lisa Lindsey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21388	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation DIR NETWORK & PROVIDER SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Lisa Lindsey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21606	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation DIR NETWORK & PROVIDER SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

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 99 / 193
	<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)
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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21158

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21389

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 ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21607

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 100 / 193
	<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)
Diane Linker

Mailing Address 669 Western Lane

City Addison State IL Zip Code 60101

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 ▼ 420.00

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

Transaction ID: 61023.C21159

Amount of Each Receipt this Period
 20.00

Receipt

B. Full Name (Last, First, Middle Initial)
Diane Linker

Mailing Address 669 Western Lane

City Addison State IL Zip Code 60101

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 ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21390

Amount of Each Receipt this Period
 20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Diane Linker

Mailing Address 669 Western Lane

City Addison State IL Zip Code 60101

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 ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21608

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 101 / 193		
	<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) A. James C Luthin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61023.C21276	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. James C Luthin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61128.C21498	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) C. James C Luthin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61128.C21609	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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 102 / 193						
	(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) A. Bruce Lyons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21161	
City Northbrook	State IL	Amount of Each Receipt this Period 77.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00		

Full Name (Last, First, Middle Initial) B. Bruce Lyons		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21392	
City Northbrook	State IL	Amount of Each Receipt this Period 77.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1694.00		

Full Name (Last, First, Middle Initial) C. Bruce Lyons		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21610	
City Northbrook	State IL	Amount of Each Receipt this Period 77.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1771.00		

SUBTOTAL of Receipts This Page (optional) ▶	231.00
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 103 / 193						
	(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) A. Bruce MacRae		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21162	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C		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 ▼ 1155.00		

Full Name (Last, First, Middle Initial) B. Bruce MacRae		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21393	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C		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 ▼ 1210.00		

Full Name (Last, First, Middle Initial) C. Bruce MacRae		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21611	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C		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 ▼ 1265.00		

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL 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 / 193
	<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) A. Gregory Madsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21163	
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 SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00		

Full Name (Last, First, Middle Initial) B. Gregory Madsen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21394	
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 SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1694.00		

Full Name (Last, First, Middle Initial) C. Gregory Madsen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21612	
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 SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1771.00		

SUBTOTAL of Receipts This Page (optional) ▶	231.00
TOTAL 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 105 / 193
	<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) A. Elaine Manieri		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61023.C21164	
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 ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Elaine Manieri		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61128.C21395	
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 ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Elaine Manieri		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61128.C21613	
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 ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 106 / 193
	<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) A. James Margiotta		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 34 South Berryline Circle		Transaction ID: 61023.C21165	
City State Zip Code Spring TX 77381	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 ▼ 1617.00		

Full Name (Last, First, Middle Initial) B. James Margiotta		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 34 South Berryline Circle		Transaction ID: 61128.C21396	
City State Zip Code Spring TX 77381	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 ▼ 1694.00		

Full Name (Last, First, Middle Initial) C. James Margiotta		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 34 South Berryline Circle		Transaction ID: 61128.C21614	
City State Zip Code Spring TX 77381	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 ▼ 1771.00		

SUBTOTAL of Receipts This Page (optional) ▶	231.00
TOTAL 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 107 / 193						
	(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)
Andrea Marks

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 Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

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

Transaction ID: 61023.C21166

Amount of Each Receipt this Period
25.00

Receipt

B. Full Name (Last, First, Middle Initial)
Andrea Marks

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 Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21397

Amount of Each Receipt this Period
25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Andrea Marks

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 Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21615

Amount of Each Receipt this Period
25.00

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 108 / 193		
	<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)
Brett McCabe

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 DIR TRADE RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21167

Amount of Each Receipt this Period
10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Brett McCabe

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 DIR TRADE RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21398

Amount of Each Receipt this Period
10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Brett McCabe

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 DIR TRADE RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21616

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 109 / 193
	<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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21168

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21399

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 ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21617

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 110 / 193		
	<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)
Thomas Mcinally

Mailing Address 2105 Eagle Parkway

City State Zip Code
Fort Worth TX 76177

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

Name of Employer Caremark Occupation DIR ENGINEERING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21169

Amount of Each Receipt this Period
35.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Mcinally

Mailing Address 2105 Eagle Parkway

City State Zip Code
Fort Worth TX 76177

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

Name of Employer Caremark Occupation DIR ENGINEERING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21400

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Mcinally

Mailing Address 2105 Eagle Parkway

City State Zip Code
Fort Worth TX 76177

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

Name of Employer Caremark Occupation DIR ENGINEERING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21618

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 111 / 193
	<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) A. Phillip Mcleod		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21171
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation AVP BUSINESS DEVELOPMENT	Aggregate Year-to-Date ▼ 1617.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Phillip Mcleod		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21402
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation AVP BUSINESS DEVELOPMENT	Aggregate Year-to-Date ▼ 1694.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phillip Mcleod		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21620
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation AVP BUSINESS DEVELOPMENT	Aggregate Year-to-Date ▼ 1771.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	231.00
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 112 / 193
	<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) A. Howard McLure		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61023.C21172
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 3150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Howard McLure		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21403
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 3300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Howard McLure		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21621
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation CHIEF OPERATING OFFICER	Aggregate Year-to-Date ▼ 3450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
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 113 / 193
	<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) A. Glenn McRae		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2017 Brook Highland Ridge		Transaction ID: 61023.C21173	
City State Zip Code Birmingham AL 35242		Amount of Each Receipt this Period 30.00	
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 ▼ 630.00		

Full Name (Last, First, Middle Initial) B. Glenn McRae		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2017 Brook Highland Ridge		Transaction ID: 61128.C21404	
City State Zip Code Birmingham AL 35242		Amount of Each Receipt this Period 30.00	
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 ▼ 660.00		

Full Name (Last, First, Middle Initial) C. Glenn McRae		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2017 Brook Highland Ridge		Transaction ID: 61128.C21622	
City State Zip Code Birmingham AL 35242		Amount of Each Receipt this Period 30.00	
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 ▼ 690.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 114 / 193
	<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 Merlino Mailing Address 9501 East Shea Blvd City State Zip Code Scottsdale AZ 85260 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: 61023.C21174 Amount of Each Receipt this Period 150.00 Receipt
Name of Employer Occupation Caremark SVP TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3150.00		

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		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Transaction ID: 61128.C21405 Amount of Each Receipt this Period 150.00 Receipt
Name of Employer Occupation Caremark SVP TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3300.00		

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		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 Transaction ID: 61128.C21623 Amount of Each Receipt this Period 150.00 Receipt
Name of Employer Occupation Caremark SVP TECHNOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3450.00		

SUBTOTAL of Receipts This Page (optional)	▶	450.00
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 115 / 193
	<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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21175

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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21406

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21624

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 116 / 193
	<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)
John Miles

Mailing Address 4703 Grand Deli Drive

City State Zip Code
Crestwood KY 40014

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 ▼
420.00

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

Transaction ID: 61023.C21176

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Miles

Mailing Address 4703 Grand Deli Drive

City State Zip Code
Crestwood KY 40014

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 ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21407

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Miles

Mailing Address 4703 Grand Deli Drive

City State Zip Code
Crestwood KY 40014

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 ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21625

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input checked="" 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

<p>A. Full Name (Last, First, Middle Initial) David Milligan</p> <p>Mailing Address 9150 West 131st Street</p> <p>City State Zip Code Shawnee Mission KS 66213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Caremark Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 20 / 2006</p> <p>Transaction ID: 61023.C21177</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Receipt</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) David Milligan</p> <p>Mailing Address 9150 West 131st Street</p> <p>City State Zip Code Shawnee Mission KS 66213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Caremark Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 03 / 2006</p> <p>Transaction ID: 61128.C21408</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Receipt</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) David Milligan</p> <p>Mailing Address 9150 West 131st Street</p> <p>City State Zip Code Shawnee Mission KS 66213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Caremark Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 460.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 17 / 2006</p> <p>Transaction ID: 61128.C21626</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Receipt</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>60.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 / 193
	<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) A. Glenn Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21178	
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		
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. Glenn Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21409	
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		
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) C. Glenn Mitchell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21627	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL 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 119 / 193
	<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)
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 ▼ 4032.00

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

Transaction ID: 61023.C21179

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 ▼ 4224.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21410

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 ▼ 4416.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21628

Amount of Each Receipt this Period
192.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	576.00
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 120 / 193
	<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) David Mohs		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61023.C21180
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) David Mohs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61128.C21411
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) David Mohs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61128.C21629
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 121 / 193
	(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)
Marsha Moore

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 MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

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

Transaction ID: 61023.C21181

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marsha Moore

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 MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21412

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Marsha Moore

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 MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21630

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 122 / 193
	<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) A. Terrence Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21182
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C		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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Terrence Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21413
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C		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 ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Terrence Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21631
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C		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 ▼ 230.00	

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 123 / 193
	<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)
Michael Niebaum

Mailing Address 10513 Hidden Oaks Lans North

City State Zip Code
Champlin MN 55316

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 ▼ 420.00

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

Transaction ID: 61023.C21183

Amount of Each Receipt this Period
20.00

Receipt

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

Mailing Address 10513 Hidden Oaks Lans North

City State Zip Code
Champlin MN 55316

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 ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21414

Amount of Each Receipt this Period
20.00

Receipt

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

Mailing Address 10513 Hidden Oaks Lans North

City State Zip Code
Champlin MN 55316

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 ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21632

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 124 / 193		
	<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) A. Diane Nobles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61023.C21184	
City Northbrook	State IL	Amount of Each Receipt this Period 192.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
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 ▼ 4032.00		

Full Name (Last, First, Middle Initial) B. Diane Nobles		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61128.C21415	
City Northbrook	State IL	Amount of Each Receipt this Period 192.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
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 ▼ 4224.00		

Full Name (Last, First, Middle Initial) C. Diane Nobles		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road 10th Floor		Transaction ID: 61128.C21633	
City Northbrook	State IL	Amount of Each Receipt this Period 192.00	
Zip Code 60062-6150		Receipt	
FEC ID number of contributing federal political committee. C			
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 ▼ 4416.00		

SUBTOTAL of Receipts This Page (optional) ▶	576.00
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 125 / 193
	<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)
Stephen Norman

Mailing Address 2700 Milan Court

City Birmingham State AL Zip Code 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 ▼ 210.00

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

Transaction ID: 61023.C21185

Amount of Each Receipt this Period
 10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Norman

Mailing Address 2700 Milan Court

City Birmingham State AL Zip Code 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 ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21416

Amount of Each Receipt this Period
 10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Norman

Mailing Address 2700 Milan Court

City Birmingham State AL Zip Code 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 ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21634

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 126 / 193		
	<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) A. Joan ORourke		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61023.C21187	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 20.00
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 ▼ 420.00		

Full Name (Last, First, Middle Initial) B. Joan ORourke		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61128.C21418	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 20.00
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 ▼ 440.00		

Full Name (Last, First, Middle Initial) C. Joan ORourke		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road 6th Floor		Transaction ID: 61128.C21636	
City Northbrook	State IL	Zip Code 60062-6150	Amount of Each Receipt this Period 20.00
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 ▼ 460.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL 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 127 / 193						
	(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) A. Allen Oden		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61023.C21186	
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. C			
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 ▼ 420.00		

Full Name (Last, First, Middle Initial) B. Allen Oden		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21417	
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. C			
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 ▼ 440.00		

Full Name (Last, First, Middle Initial) C. Allen Oden		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21635	
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. C			
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 ▼ 460.00		

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 128 / 193
	(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) A. Lora Parnell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 82 Pebble Beach Drive		Transaction ID: 61023.C21190	
City Little Rock	State AR	Zip Code 72212	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 ▼ 525.00		

Full Name (Last, First, Middle Initial) B. Lora Parnell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 82 Pebble Beach Drive		Transaction ID: 61128.C21421	
City Little Rock	State AR	Zip Code 72212	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 ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Lora Parnell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 82 Pebble Beach Drive		Transaction ID: 61128.C21639	
City Little Rock	State AR	Zip Code 72212	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 ▼ 575.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 129 / 193
	<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) A. Joseph Piazza		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 4240 Harpers Ferry Circle		Transaction ID: 61023.C21192	
City State Zip Code Birmingham AL 35213-2223	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation DIR AVIATION		
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. Joseph Piazza		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 4240 Harpers Ferry Circle		Transaction ID: 61128.C21423	
City State Zip Code Birmingham AL 35213-2223	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation DIR AVIATION		
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) C. Joseph Piazza		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 4240 Harpers Ferry Circle		Transaction ID: 61128.C21641	
City State Zip Code Birmingham AL 35213-2223	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation DIR AVIATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	105.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 / 193						
	(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)
Christine Pittman

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 Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 61023.C21193

Amount of Each Receipt this Period
10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Christine Pittman

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 Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21424

Amount of Each Receipt this Period
10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Christine Pittman

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 Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21642

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 131 / 193
	<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) A. Kevin Plunkett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21194	
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		
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. Kevin Plunkett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21425	
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		
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) C. Kevin Plunkett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21643	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00		

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL 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 132 / 193		
	<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)
Patricia Ponczkowski

Mailing Address 2211 Sanders Road
7th Floor

City Northbrook State IL Zip Code 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 ▼ 420.00

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

Transaction ID: 61023.C21196

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 Northbrook State IL Zip Code 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 ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21427

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 Northbrook State IL Zip Code 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 ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21645

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 133 / 193
	<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) A. Natalie Pons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21197	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advanced PCS	Occupation VP BUS PRACTICES & COMPLIANCE		
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. Natalie Pons		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21428	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advanced PCS	Occupation VP BUS PRACTICES & COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) C. Natalie Pons		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21646	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advanced PCS	Occupation VP BUS PRACTICES & COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	150.00

**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 134 / 193
	<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)
Scott Ragland

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 IT CORE BUSINESS SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1617.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21198

Amount of Each Receipt this Period
77.00

Receipt

B. Full Name (Last, First, Middle Initial)
Scott Ragland

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 IT CORE BUSINESS SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1694.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21429

Amount of Each Receipt this Period
77.00

Receipt

C. Full Name (Last, First, Middle Initial)
Scott Ragland

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 IT CORE BUSINESS SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1771.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21647

Amount of Each Receipt this Period
77.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	231.00
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 135 / 193
	<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) A. Rajiv Ranjan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21199	
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 ▼ 735.00		

Full Name (Last, First, Middle Initial) B. Rajiv Ranjan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21430	
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 ▼ 770.00		

Full Name (Last, First, Middle Initial) C. Rajiv Ranjan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21648	
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 ▼ 805.00		

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 136 / 193
	<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) A. John Scott Reid		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 20 Vose Hill Road		Transaction ID: 61023.C21200	
City State Zip Code Westford MA 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	Aggregate Year-to-Date ▼ 1617.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Scott Reid		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 20 Vose Hill Road		Transaction ID: 61128.C21431	
City State Zip Code Westford MA 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	Aggregate Year-to-Date ▼ 1694.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John Scott Reid		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 20 Vose Hill Road		Transaction ID: 61128.C21649	
City State Zip Code Westford MA 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	Aggregate Year-to-Date ▼ 1771.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	231.00
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 137 / 193
	<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)
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 ▼ 735.00

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

Transaction ID: 61023.C21201

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 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 ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21432

Amount of Each Receipt this Period
35.00

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 ▼ 805.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21650

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 138 / 193
	<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 ▼ 735.00

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

Transaction ID: 61023.C21204

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 ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21435

Amount of Each Receipt this Period
35.00

Receipt

C. 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 ▼ 805.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21653

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 139 / 193
	<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) A. Russell Ring		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61023.C21205	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation SVP GOVERNMENT RELATIONS		Aggregate Year-to-Date ▼ 4032.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Russell Ring		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61128.C21436	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation SVP GOVERNMENT RELATIONS		Aggregate Year-to-Date ▼ 4224.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Russell Ring		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61128.C21654	
City Washington State DC Zip Code 20005		Amount of Each Receipt this Period 192.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation SVP GOVERNMENT RELATIONS		Aggregate Year-to-Date ▼ 4416.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	576.00
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 140 / 193
	<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. Richard Riva		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 250 Old Wilson Bridge Road Suite 122		Transaction ID: 61023.C21206
City Columbus State OH Zip Code 43085-2215	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Riva		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 250 Old Wilson Bridge Road Suite 122		Transaction ID: 61128.C21437
City Columbus State OH Zip Code 43085-2215	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Riva		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 250 Old Wilson Bridge Road Suite 122		Transaction ID: 61128.C21655
City Columbus State OH Zip Code 43085-2215	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR SALES CONSULTANT	Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:	PAGE 141 / 193						
	(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)
Ellen Robitaille

Mailing Address 133 Granite St

City State Zip Code
Medfield MA 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 ▼ 441.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21207

Amount of Each Receipt this Period
21.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ellen Robitaille

Mailing Address 133 Granite St

City State Zip Code
Medfield MA 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 ▼ 462.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21438

Amount of Each Receipt this Period
21.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ellen Robitaille

Mailing Address 133 Granite St

City State Zip Code
Medfield MA 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 ▼ 483.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21656

Amount of Each Receipt this Period
21.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	63.00
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 142 / 193
	<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) A. Charles Rumsey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2506 Pine Road		Transaction ID: 61023.C21208	
City State Zip Code Huntingdon Valley PA 19006		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		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 ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Charles Rumsey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2506 Pine Road		Transaction ID: 61128.C21439	
City State Zip Code Huntingdon Valley PA 19006		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		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 ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Charles Rumsey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2506 Pine Road		Transaction ID: 61128.C21657	
City State Zip Code Huntingdon Valley PA 19006		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		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 ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL 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 143 / 193
	<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) A. Joel Saban		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21210
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Caremark	Occupation VP	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. Joel Saban		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21441
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Caremark	Occupation VP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Joel Saban		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21659
City Northbrook	State IL	Zip Code 60062-6150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Caremark	Occupation VP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

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 144 / 193
	<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) A. Henry Salvadori		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21211	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP CLINICAL SERVICES		Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Henry Salvadori		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21442	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP CLINICAL SERVICES		Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Henry Salvadori		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21660	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP CLINICAL SERVICES		Aggregate Year-to-Date ▼ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 145 / 193
	<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) A. Mark Sanders		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy.		Transaction ID: 61023.C21212
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation MGR CLIENT SERVICES	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Sanders		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy.		Transaction ID: 61128.C21443
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation MGR CLIENT SERVICES	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Sanders		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy.		Transaction ID: 61128.C21661
City Irving State TX Zip Code 75039	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation MGR CLIENT SERVICES	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 146 / 193
	<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) A. Michael Sarocka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21213	
City State Zip Code Scottsdale AZ 85260-6719	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		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 ▼ 475.00		

Full Name (Last, First, Middle Initial) B. Michael Sarocka		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21444	
City State Zip Code Scottsdale AZ 85260-6719	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		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		

Full Name (Last, First, Middle Initial) C. Michael Sarocka		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21662	
City State Zip Code Scottsdale AZ 85260-6719	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		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 ▼ 525.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL 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 147 / 193
	<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)
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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21214

Amount of Each Receipt this Period
20.00

Receipt

B. 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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21445

Amount of Each Receipt this Period
20.00

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21663

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 148 / 193
	<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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21215

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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21446

Amount of Each Receipt this Period
20.00

Receipt

C. 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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21664

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 149 / 193
	<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)
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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21216

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 ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21447

Amount of Each Receipt this Period
50.00

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 ▼ 1150.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21665

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 150 / 193		
	<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)
Ramona Seabaugh

Mailing Address 2211 Sanders Road
4th Floor

City State Zip Code
Northbrook IL 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21217

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ramona Seabaugh

Mailing Address 2211 Sanders Road
4th Floor

City State Zip Code
Northbrook IL 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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21448

Amount of Each Receipt this Period
20.00

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21218

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	90.00
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 151 / 193
	<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) A. Wendy See		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 17 Honey Bear Court		Transaction ID: 61128.C21449	
City State Zip Code Little Rock AR 72223		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Wendy See		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 17 Honey Bear Court		Transaction ID: 61128.C21666	
City State Zip Code Little Rock AR 72223		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1150.00		

Full Name (Last, First, Middle Initial) C. Kay Shafer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21219	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 78.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation AVP ACCOUNT MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1638.00		

SUBTOTAL of Receipts This Page (optional) ▶	178.00
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 152 / 193
	<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) A. Kay Shafer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21450	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 78.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP ACCOUNT MANAGEMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1716.00	

Full Name (Last, First, Middle Initial) B. Kay Shafer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21667	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 78.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation AVP ACCOUNT MANAGEMENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1794.00	

Full Name (Last, First, Middle Initial) C. Tommy Sheer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 15800 SW 25th St		Transaction ID: 61023.C21220	
City State Zip Code Hollywood FL 33027-4222		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional) ▶	206.00
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 153 / 193
	<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)
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 ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21451

Amount of Each Receipt this Period
50.00

Receipt

B. 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 ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21668

Amount of Each Receipt this Period
50.00

Receipt

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

Mailing Address 604 Silverspring Drive

City State Zip Code
Richmond VA 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 ▼ 420.00

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

Transaction ID: 61023.C21221

Amount of Each Receipt this Period
20.00

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 154 / 193
	<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)
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 ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21452

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 ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21669

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 ▼ 840.00

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

Transaction ID: 61023.C21222

Amount of Each Receipt this Period
 40.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	80.00
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 155 / 193
	<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) A. Jerry Shipkin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21453	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Caremark VP	Aggregate Year-to-Date ▼ 880.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jerry Shipkin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21670	
City State Zip Code Northbrook IL 60062-6150	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Caremark VP	Aggregate Year-to-Date ▼ 920.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Carolyn Simas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 6708 Ranchwood Avenue		Transaction ID: 61023.C21223	
City State Zip Code Chino Hills CA 91709	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Caremark Supervisor	Aggregate Year-to-Date ▼ 315.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	95.00
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 156 / 193
	<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) A. Carolyn Simas		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 6708 Ranchwood Avenue		Transaction ID: 61128.C21454	
City State Zip Code Chino Hills CA 91709		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. Carolyn Simas		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 6708 Ranchwood Avenue		Transaction ID: 61128.C21671	
City State Zip Code Chino Hills CA 91709		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

Full Name (Last, First, Middle Initial) C. Gerald Simpson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21224	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00		

SUBTOTAL of Receipts This Page (optional) ▶	65.00
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 157 / 193
	<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) A. Gerald Simpson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21455	
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 ▼ 770.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Gerald Simpson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21672	
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 ▼ 805.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Christopher Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21225	
City State Zip Code Irving TX 75039	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Caremark Occupation VP TRADE RELATIONS	Aggregate Year-to-Date ▼ 1617.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	147.00
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 158 / 193
	<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) A. Christopher Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21456	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1694.00	

Full Name (Last, First, Middle Initial) B. Christopher Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21673	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		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 ▼ 1771.00	

Full Name (Last, First, Middle Initial) C. Doris Sims		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 750 W. John Carpenter Fwy. Suite 1200		Transaction ID: 61023.C21226	
City Irving State TX Zip Code 75039		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark Occupation DIR HUMAN RESOURCES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	164.00
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 159 / 193
	<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)
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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21457

Amount of Each Receipt this Period
10.00

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 ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21674

Amount of Each Receipt this Period
10.00

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 ▼ 2100.00

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

Transaction ID: 61023.C21227

Amount of Each Receipt this Period
100.00

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: PAGE 160 / 193
(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 ▼
2200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21458

Amount of Each Receipt this Period
100.00

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 ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21675

Amount of Each Receipt this Period
100.00

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 ▼
1575.00

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

Transaction ID: 61023.C21228

Amount of Each Receipt this Period
75.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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 / 193
	(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)
Alice Sloan

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 VP ACCOUNT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21459

Amount of Each Receipt this Period
75.00

Receipt

B. Full Name (Last, First, Middle Initial)
Alice Sloan

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 VP ACCOUNT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1725.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21676

Amount of Each Receipt this Period
75.00

Receipt

C. 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 ▼ 315.00

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

Transaction ID: 61023.C21277

Amount of Each Receipt this Period
15.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	165.00
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 / 193
	<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. Laura Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 6471 Twin Lakes		Transaction ID: 61128.C21499
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Laura Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 6471 Twin Lakes		Transaction ID: 61128.C21713
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. Yvonne Southwell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21230
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00	

SUBTOTAL of Receipts This Page (optional) ▶	107.00
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 163 / 193
	(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)
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 ▼ 1694.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21461

Amount of Each Receipt this Period
77.00

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 ▼ 1771.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21678

Amount of Each Receipt this Period
77.00

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 ▼ 3975.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21231

Amount of Each Receipt this Period
192.00

Receipt

SUBTOTAL of Receipts This Page (optional)	346.00
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 164 / 193
	<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) A. William Spalding		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address 211 Commerce Street		Transaction ID: 61128.C21462
City State Zip Code Nashville TN 37201-1806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.00
Name of Employer Caremark	Occupation EVP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4167.00	

Full Name (Last, First, Middle Initial) B. William Spalding		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address 211 Commerce Street		Transaction ID: 61128.C21679
City State Zip Code Nashville TN 37201-1806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.00
Name of Employer Caremark	Occupation EVP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4359.00	

Full Name (Last, First, Middle Initial) C. David Specht		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21232
City State Zip Code Scottsdale AZ 85260	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Caremark	Occupation VP SERVICE OPERATIONS	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	▶	424.00
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 165 / 193
	<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 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 ▼ 880.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21463

Amount of Each Receipt this Period
40.00

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 ▼ 920.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21680

Amount of Each Receipt this Period
40.00

Receipt

C. 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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21233

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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 166 / 193
	(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) A. William Spehr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61128.C21464
City State Zip Code Hunt Valley MD 21031	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation SVP ACCOUNT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. William Spehr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 11311 McCormick Road Building 75, Suite 230		Transaction ID: 61128.C21681
City State Zip Code Hunt Valley MD 21031	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation SVP ACCOUNT SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) C. Richard Stafford		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21234
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL 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 167 / 193
	<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) A. Richard Stafford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21465	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Richard Stafford		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21682	
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		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 ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Carolyn Stang		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21235	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00		

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: (check only one)	PAGE 168 / 193
	<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) A. Carolyn Stang		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21466	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1694.00		

Full Name (Last, First, Middle Initial) B. Carolyn Stang		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21683	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1771.00		

Full Name (Last, First, Middle Initial) C. Paul Stivender		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 300 Overbrook Road		Transaction ID: 61023.C21237	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

SUBTOTAL of Receipts This Page (optional) ▶	204.00
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 169 / 193
	<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) A. Paul Stivender		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 300 Overbrook Road		Transaction ID: 61128.C21468	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Paul Stivender		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 300 Overbrook Road		Transaction ID: 61128.C21685	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) C. Sidney Stolz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61023.C21238	
City State Zip Code Washington DC 20005-3336		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SVP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
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 170 / 193
	<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) A. Sidney Stolz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61128.C21469
City Washington State DC Zip Code 20005-3336	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SVP MARKETING	Aggregate Year-to-Date ▼ 2200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sidney Stolz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1300 I Street NW Suite 525 West		Transaction ID: 61128.C21686
City Washington State DC Zip Code 20005-3336	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SVP MARKETING	Aggregate Year-to-Date ▼ 2300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marian Swanson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21239
City Northbrook State IL Zip Code 60062-6150	Amount of Each Receipt this Period 40.00	
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) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
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 171 / 193
	<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)
Marian Swanson

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 ▼
880.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21470

Amount of Each Receipt this Period
40.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marian Swanson

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 ▼
920.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21687

Amount of Each Receipt this Period
40.00

Receipt

C. Full Name (Last, First, Middle Initial)
Albert Thigpen

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 TRADE RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
735.00

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

Transaction ID: 61023.C21240

Amount of Each Receipt this Period
35.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	115.00
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 172 / 193
	<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) A. Albert Thigpen		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21471
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	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 ▼ 770.00		

Full Name (Last, First, Middle Initial) B. Albert Thigpen		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21688
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	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 ▼ 805.00		

Full Name (Last, First, Middle Initial) C. Brice Thomas		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21241
City Scottsdale State AZ Zip Code 85260	FEC ID number of contributing federal political committee. C	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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	80.00
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 173 / 193
	<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. Brice Thomas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21472	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Caremark DIR FINANCE TREASURY		Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Brice Thomas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21689	
City State Zip Code Scottsdale AZ 85260		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Caremark DIR FINANCE TREASURY		Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Karen Thompson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1057 SW Depot Court		Transaction ID: 61023.C21242	
City State Zip Code Port Orchard WA 98367		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Caremark Account Executive		Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	40.00
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 174 / 193
	<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) A. Karen Thompson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1057 SW Depot Court		Transaction ID: 61128.C21473	
City State Zip Code Port Orchard WA 98367		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		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 ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Karen Thompson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1057 SW Depot Court		Transaction ID: 61128.C21690	
City State Zip Code Port Orchard WA 98367		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		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 ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Janet Toth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 112 Lancaster Avenue		Transaction ID: 61023.C21243	
City State Zip Code Pittsburgh PA 15228		Amount of Each Receipt this Period 20.00	
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 ▼ 420.00		

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 175 / 193
	<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)
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 ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21474

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 ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21691

Amount of Each Receipt this Period
20.00

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 Caremark Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1617.00

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

Transaction ID: 61023.C21244

Amount of Each Receipt this Period
77.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	117.00
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 176 / 193
	<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) A. Andrew Ursitti		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21475
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation VP FINANCE	Aggregate Year-to-Date ▼ 1694.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrew Ursitti		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21692
City Irving State TX Zip Code 75039-2507	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Caremark Occupation VP FINANCE	Aggregate Year-to-Date ▼ 1771.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Leslie Wachsman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61023.C21246
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	Aggregate Year-to-Date ▼ 735.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	189.00
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 / 193
	<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)
Leslie Wachsmen

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21477

Amount of Each Receipt this Period
 35.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leslie Wachsmen

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21694

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 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 ▼ 735.00

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

Transaction ID: 61023.C21247

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 178 / 193		
	<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)
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 ▼ 770.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21478

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 ▼ 805.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21695

Amount of Each Receipt this Period
35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Sandra Wallace

Mailing Address 2211 Sanders Road
5th Floor

City State Zip Code
Northbrook IL 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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21248

Amount of Each Receipt this Period
20.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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 179 / 193
	<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) A. Sandra Wallace		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21479	
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. C			
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 ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Sandra Wallace		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 2211 Sanders Road 5th Floor		Transaction ID: 61128.C21696	
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. C			
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 ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Lee Warshawsky		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 9501 East Shea Blvd		Transaction ID: 61023.C21249	
City Scottsdale	State AZ	Amount of Each Receipt this Period 50.00	
Zip Code 85260		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Caremark	Occupation VP MAIL SVC BUSINESS OPERATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
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 / 193
	<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) A. Lee Warshawsky		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21480
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation VP MAIL SVC BUSINESS OPERATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Lee Warshawsky		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 9501 East Shea Blvd		Transaction ID: 61128.C21697
City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation VP MAIL SVC BUSINESS OPERATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) C. Walter Washburn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21250
City State Zip Code Irving TX 75039	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark	Occupation DIR IT PROJECTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL 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 181 / 193
	<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 ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21481

Amount of Each Receipt this Period
15.00

Receipt

B. 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 ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21698

Amount of Each Receipt this Period
15.00

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 ▼ 210.00

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

Transaction ID: 61023.C21251

Amount of Each Receipt this Period
10.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	40.00
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 182 / 193
	<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) A. Cheryl Weber		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 8468 East Ridge Drive		Transaction ID: 61128.C21482	
City State Zip Code Pleasant Prairie WI 53158		Amount of Each Receipt this Period 10.00	
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 ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Cheryl Weber		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 8468 East Ridge Drive		Transaction ID: 61128.C21699	
City State Zip Code Pleasant Prairie WI 53158		Amount of Each Receipt this Period 10.00	
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 ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Mark Weeks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61023.C21252	
City State Zip Code Nashville TN 37201-1817		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Caremark	Occupation SR VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00		

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 183 / 193
	<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) A. Mark Weeks		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21483
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 2200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Weeks		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 211 Commerce Street Suite 800		Transaction ID: 61128.C21700
City Nashville State TN Zip Code 37201-1817	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Caremark Occupation SR VP	Aggregate Year-to-Date ▼ 2300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Wengler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 61023.C21253
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. C		Receipt
Name of Employer Caremark Occupation Senior Manager	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	220.00
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 184 / 193						
	(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)
John Wengler

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 Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61128.C21484

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Wengler

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 Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 61128.C21701

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Scott Wertz

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 MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

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

Transaction ID: 61023.C21254

Amount of Each Receipt this Period
80.00

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 185 / 193
	<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. Scott Wertz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21485
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Caremark Occupation VP MARKETING	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 1780.00		

Full Name (Last, First, Middle Initial) B. Scott Wertz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 2211 Sanders Road		Transaction ID: 61128.C21702
City Northbrook State IL Zip Code 60062-6150	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Caremark Occupation VP MARKETING	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 1880.00		

Full Name (Last, First, Middle Initial) C. Joseph West		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 4411 Tweedsmuir Court		Transaction ID: 61023.C21255
City Moseley State VA Zip Code 23120	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00
Name of Employer Caremark Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 735.00		

SUBTOTAL of Receipts This Page (optional)	▶	235.00
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 186 / 193
	<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. Joseph West		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4411 Tweedsmuir Court		Transaction ID: 61128.C21486
City State Zip Code Moseley VA 23120	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 ▼ 770.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph West		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 4411 Tweedsmuir Court		Transaction ID: 61128.C21703
City State Zip Code Moseley VA 23120	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 ▼ 805.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Terry White		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61023.C21256
City State Zip Code Irving TX 75039-2507	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 ▼ 1617.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	147.00
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 187 / 193
	<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) A. Terry White		Date of Receipt MM / DD / YYYY 11 / 03 / 2006
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21487
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer Caremark	Occupation VP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1694.00	

Full Name (Last, First, Middle Initial) B. Terry White		Date of Receipt MM / DD / YYYY 11 / 17 / 2006
Mailing Address 750 W. John Carpenter Fwy Suite 1200		Transaction ID: 61128.C21704
City Irving	State TX	Zip Code 75039-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer Caremark	Occupation VP	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1771.00	

Full Name (Last, First, Middle Initial) C. C Casey Wilkes		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 7034 Alamo Downs Pkwy		Transaction ID: 61023.C21279
City San Antonio	State TX	Zip Code 78238-4509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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	

SUBTOTAL of Receipts This Page (optional)	▶	194.00
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 188 / 193
	<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)
C Casey Wilkes

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 ▼ 880.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21500

Amount of Each Receipt this Period
40.00

Receipt

B. Full Name (Last, First, Middle Initial)
C Casey Wilkes

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 ▼ 920.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21705

Amount of Each Receipt this Period
40.00

Receipt

C. 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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21259

Amount of Each Receipt this Period
20.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 189 / 193
	<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 ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21490

Amount of Each Receipt this Period
20.00

Receipt

B. 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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21707

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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21260

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 190 / 193
	<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)
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 ▼
440.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61128.C21491

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 ▼
460.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: 61128.C21708

Amount of Each Receipt this Period
20.00

Receipt

C. Full Name (Last, First, Middle Initial)
William Yates

Mailing Address 4250 St. Claire Drive

City State Zip Code
Columbia SC 29206

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 ▼
420.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61023.C21261

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 191 / 193
	<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) A. William Yates		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 4250 St. Claire Drive		Transaction ID: 61128.C21492	
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 440.00		

Full Name (Last, First, Middle Initial) B. William Yates		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 4250 St. Claire Drive		Transaction ID: 61128.C21709	
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C		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 ▼ 460.00		

Full Name (Last, First, Middle Initial) C. Eric Yonkus		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5235 Ravenswood #10		Transaction ID: 61023.C21262	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 35.00		
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 ▼ 735.00		

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:	PAGE 192 / 193
	(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) Eric Yonkus		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 5235 Ravenswood #10		Transaction ID: 61128.C21493	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 35.00		
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 ▼ 770.00		

B. Full Name (Last, First, Middle Initial) Eric Yonkus		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 5235 Ravenswood #10		Transaction ID: 61128.C21710	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 35.00		
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 ▼ 805.00		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	24965.00

**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 193 / 193

<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) A. Corker for Senate (R-TN)		Transaction ID: 61128.E830	
Mailing Address 832 Georgia Ave, Suite 200		Date of Disbursement 10 / 24 / 2006	
City Chattanooga	State TN	Zip Code 37402-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement TN-US SENATE		Category/ Type TN-US SENATE	
Candidate Name ROBERT P CORKER JR			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: TN District: 00			

Full Name (Last, First, Middle Initial) B. Tim Mahoney for Florida		Transaction ID: 61128.E831	
Mailing Address 1128-708 Royal Palm Beach Blvd		Date of Disbursement 10 / 24 / 2006	
City West Palm Beach	State FL	Zip Code 33411-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement FL-16 US HOUSE		Category/ Type FL-16 US HOUSE	
Candidate Name TIMOTHY EDWARD MAHONEY			
Office Sought: <input checked="" 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: FL District: 16			

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	6000.00