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Washington, DC 20515

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Washington, DC 20510

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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) -All Filers Are Required to Complete This Page

1. Registrant Name <b>Capitol Health Group, LLC</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1100 New York Avenue, NW Suite 200M</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20005-6104</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Layna Peltier</b>	Telephone <b>202-216-2255</b>	E-mail (optional) <b>Layna@caphg.com</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Express Scripts, Inc.</b>			6. House ID # <b>35502003</b>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec

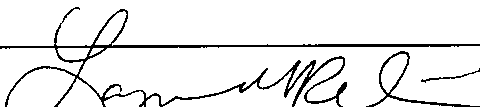
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  >> Termination Date \_\_\_\_\_

11. No Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> &gt;&gt; \$ <u>\$100,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____ Expenses (nearest \$2)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603. the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162. Internal Revenue Code</p>



Signature [Handwritten Signature] Date 1/31/2003

Printed Name and Title Layna Peltier - Principal Page

Registrant Name: Capitol Health Group, LLC

Client Name: Express Scripts, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)
16. Specific Lobbying issues  
**Implementation of Medicare Prescription Drug and Modernization Act of 2003.**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services**  
**Executive Office of the President**  
**House of Representatives**  
**Senate**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<b>Bromberg, Michael</b>	
<b>Coughlin, Shawn</b>	
<b>Jenning, Steve</b>	
<b>Peltier, Layna</b>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Layna Peltier - Principal** \_\_\_\_\_ Pa

Registrant Name: Capitol Health Group, LLC

Client Name: Express Scripts, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

- 15. General issue area code MMM (one per page)
- 16. Specific Lobbying issues  
**Implementation of Medicare Prescription Drug and Modernization Act of 2003.**

- 17. House(s) of Congress and Federal agencies contacted  Check if None  
**Department of Health & Human Services**  
**Executive Office of the President**  
**House of Representatives**  
**Senate**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<b>Bromberg, Michael</b>	
<b>Coughlin, Shawn</b>	
<b>Jenning, Steve</b>	
<b>Peltier, Layna</b>	

- 19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature \_\_\_\_\_ Date 1/31/2003

Printed Name and Title Layna Peltier - Principal Pa