

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
Baxter Healthcare Political Action Committee

ADDRESS (number and street) 1501 K Street, NW
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00117838
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2006 through 01 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Sarah M Gregg
Signature of Treasurer Electronically Filed by Sarah M Gregg Date 02 20 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
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		43452.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	43452.73									
(c) Total Receipts (from Line 19)	7908.66	7908.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51361.39	51361.39								
7. Total Disbursements (from Line 31)	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51361.39	51361.39								
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
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7908.66	7908.66
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7908.66	7908.66
(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)	7908.66	7908.66
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))	7908.66	7908.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7908.66	7908.66

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	7908.66	7908.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7908.66	7908.66
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Jennifer Adams		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 203 Bridle Path Lane		Transaction ID: 60220.C28918
City Fox River Grove	State IL	Zip Code 60021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Joy A Amundson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 110 W. Onwentsia Road		Transaction ID: 60220.C28923
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 380.30
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Pres BioScience	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.30	Payroll Deduction: (190.1- 5/Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Barlev		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 61 Telegraph Hill Rd.		Transaction ID: 60220.C28917
City Holmdel	State NJ	Zip Code 07733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer Baxter Healthcare Corporation	Occupation Sales Representative III	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2.00	Payroll Deduction: (1.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	402.30
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Armando Bombino		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1795 Ashford Lane		Transaction ID: 60220.C28916	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Operations	Payroll Deduction: (5.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00		

Full Name (Last, First, Middle Initial) B. Pat Brower		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 502 Canal		Transaction ID: 60220.C28902	
City State Zip Code Cleveland MS 38732	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr I, Distribution	Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2.00		

Full Name (Last, First, Middle Initial) C. Michael Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 531 Lyon Dr		Transaction ID: 60220.C28935	
City State Zip Code Buffalo Grove IL 60089	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Finance	Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2.00		

SUBTOTAL of Receipts This Page (optional) ▶	14.00
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 / 25
	<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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Glenn Burney

Mailing Address 96 Rock Creek Drive

City State Zip Code
Mountain Home AR 72653

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Quality
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4.00

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

Transaction ID: 60220.C28900

Amount of Each Receipt this Period
4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

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

Mailing Address 153 Pleasant Valley Drive

City State Zip Code
Marion NC 28752

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Principal Engineer
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4.00

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

Transaction ID: 60220.C28909

Amount of Each Receipt this Period
4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Edward Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Occupation
Baxter International Inc. Dir, Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 115.42

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

Transaction ID: 60220.C28936

Amount of Each Receipt this Period
115.42

Receipt

Payroll Deduction: (57.71-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	123.42
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 9 / 25
	<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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Sarah Creviston

Mailing Address 717 North Maple Ave.

City Palatine State IL Zip Code 60067

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

Name of Employer Baxter Healthcare Corporation
Occupation VP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 144.16

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

Transaction ID: 60220.C28932

Amount of Each Receipt this Period
144.16

Receipt

Payroll Deduction: (72.08- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City San Juan State PR Zip Code 00927

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

Name of Employer Baxter Healthcare Puerto Rico
Occupation Dir, Logistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 74.74

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

Transaction ID: 60220.C28946

Amount of Each Receipt this Period
74.74

Receipt

Payroll Deduction: (37.37- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Carlos Del Salto

Mailing Address 101 NE 3rd Avenue, Ste. 1600
c/o Baxter World Trade

City Ft. Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation
Occupation CVP, Pres Intcntl/Asia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 376.92

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

Transaction ID: 60220.C28944

Amount of Each Receipt this Period
376.92

Receipt

Payroll Deduction: (188.4- 6/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **595.82**

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 / 25
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Karen Dewey

Mailing Address 92 Spring Valley Drive

City State Zip Code
Mtn Home AR 72653

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Planner II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4.00

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

Transaction ID: 60220.C28894

Amount of Each Receipt this Period
4.00

Receipt

Payroll Deduction: (2.00/- Pay Period)

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

Mailing Address 233 Mtn St

City State Zip Code
Marion NC 28752

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Sr Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.00

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

Transaction ID: 60220.C28903

Amount of Each Receipt this Period
2.00

Receipt

Payroll Deduction: (1.00/- Pay Period)

C. Full Name (Last, First, Middle Initial)
Mary Fernald

Mailing Address 36 Wagner Lane

City State Zip Code
Hillsborough NJ 08844

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

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

Transaction ID: 60220.C28920

Amount of Each Receipt this Period
10.00

Receipt

Payroll Deduction: (5.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	16.00
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Rodney Foster		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1979 N. Trevino Terrace		Transaction ID: 60220.C28896	
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 8.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, Engineering		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8.00		
		Payroll Deduction: (4.00/- Pay Period)	

Full Name (Last, First, Middle Initial) B. Elizabeth Fuller		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 975 Seaboard Ave		Transaction ID: 60220.C28926	
City State Zip Code Atlanta GA 30318	Amount of Each Receipt this Period 14.10		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr, State Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14.10		
		Payroll Deduction: (7.05/- Pay Period)	

Full Name (Last, First, Middle Initial) C. Maria Galainena Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 5930 N. Ocean Boulevard		Transaction ID: 60220.C28910	
City State Zip Code Ocean Ridge FL 33435	Amount of Each Receipt this Period 76.92		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation General Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 76.92		
		Payroll Deduction: (38.46/- Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	99.02
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 / 25
	<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)
Baxter Healthcare Political Action Committee

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

Mailing Address 3704 Lindsay Ln

City State Zip Code
Crystal Lake IL 60014

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

Name of Employer
Baxter Healthcare Corporation

Occupation
CVP, Global Manufacturing Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

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

Transaction ID: 60220.C28901

Amount of Each Receipt this Period
240.00

Receipt

Payroll Deduction: (120.0-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Lawrence T Gibbons

Mailing Address 900 E. Maplewood Road

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter International Inc.

Occupation
CVP, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.24

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

Transaction ID: 60220.C28938

Amount of Each Receipt this Period
285.24

Receipt

Payroll Deduction: (142.6-2/Pay Period)

C. Full Name (Last, First, Middle Initial)
Juan Gonzalez

Mailing Address 17842 Rachel Lane

City State Zip Code
Orland Park IL 60467

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Project Manager I, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

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

Transaction ID: 60220.C28912

Amount of Each Receipt this Period
10.00

Receipt

Payroll Deduction: (5.00/-Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	535.24
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 / 25
	<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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Sarah Gregg

Mailing Address 2385 N Vernon St

City State Zip Code
Arlington VA 22207-4056

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

Name of Employer Multi-Business Services Corpor
Occupation Dir, Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 60220.C28887

Amount of Each Receipt this Period
750.00

Receipt

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

Mailing Address 2636 Chesapeake Lane

City State Zip Code
Northbrook IL 60062

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

Name of Employer Baxter International Inc.
Occupation CVP, Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 60220.C28942

Amount of Each Receipt this Period
400.00

Receipt

Payroll Deduction: (200.0-0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Lawrence Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

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

Name of Employer Baxter Healthcare Corpora-tion
Occupation President V

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 70.00

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

Transaction ID: 60220.C28892

Amount of Each Receipt this Period
70.00

Receipt

Payroll Deduction: (35.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1220.00
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 14 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephen Irby		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 601 Baxter Avenue		Transaction ID: 60220.C28895	
City State Zip Code Mtn Home AR 72653		Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Sr Planner tion		Payroll Deduction: (2.00/- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4.00			

Full Name (Last, First, Middle Initial) B. James Kamienski		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 6312 N Keating		Transaction ID: 60220.C28904	
City State Zip Code Chicago IL 60646		Amount of Each Receipt this Period 97.52	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP II, Manufacturing tion		Payroll Deduction: (48.76- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 97.52			

Full Name (Last, First, Middle Initial) C. Faye Katt		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1906 N Larrabee		Transaction ID: 60220.C28924	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP Global HR Shared Services tion		Payroll Deduction: (10.00- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 20.00			

SUBTOTAL of Receipts This Page (optional) ▶	121.52
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Carol Lampe		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 303 Northwind Dr.		Transaction ID: 60220.C28913
City State Zip Code Lake Villa IL 60046	Amount of Each Receipt this Period 2.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Research Scientist	Payroll Deduction: (1.00/- Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2.00	

Full Name (Last, First, Middle Initial) B. Susan R Lichtenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 60220.C28939
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 365.38	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Gen Counsel & Corp Sec	Payroll Deduction: (182.6- 9/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.38	

Full Name (Last, First, Middle Initial) C. Gary Loudermilk		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 570 S Creek Rd		Transaction ID: 60220.C28908
City State Zip Code Nebo NC 28761	Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Supt, Manufacturing	Payroll Deduction: (2.00/- Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4.00	

SUBTOTAL of Receipts This Page (optional) ▶	371.38
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 16 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Teresita Martinez-santini		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address A-1 Atenas Street Repto. Flamingo		Transaction ID: 60220.C28945
City Bayamon State PR Zip Code 00959	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 66.14
Name of Employer Baxter Healthcare Puerto Rico Occupation Mgr II, Quality	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 66.14		Payroll Deduction: (33.07- /Pay Period)

Full Name (Last, First, Middle Initial) B. John Martino		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 104 Dumont Dr		Transaction ID: 60220.C28897
City Morganton State NC Zip Code 28655	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2.00
Name of Employer Baxter Healthcare Corpora-tion Occupation Dir, Quality	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 2.00		Payroll Deduction: (1.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kevin Mcculloch		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 730 Greenwood Avenue		Transaction ID: 60220.C28928
City Wilmette State IL Zip Code 60091	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Baxter Healthcare Corpora-tion Occupation General Manager III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt
Aggregate Year-to-Date ▼ 100.00		Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	168.14
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 17 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Donald Mcpeters		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 119 North Hills Drive		Transaction ID: 60220.C28907	
City State Zip Code Marion NC 28752		Amount of Each Receipt this Period 2.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Supv II, Manufacturing tion		Payroll Deduction: (1.00/- Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2.00			

Full Name (Last, First, Middle Initial) B. Victor Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address Unit 1W 820 W Webster Ave		Transaction ID: 60220.C28927	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 7.70	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Dir, Marketing tion		Payroll Deduction: (3.85/- Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7.70			

Full Name (Last, First, Middle Initial) C. Arthur Mollenhauer		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 2409 Lincolnwood Drive		Transaction ID: 60220.C28921	
City State Zip Code Evanston IL 60201		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- General Manager II tion		Payroll Deduction: (25.00/- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 50.00			

SUBTOTAL of Receipts This Page (optional) ▶	59.70
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 18 / 25
	<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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Frank Monteleone

Mailing Address 1336 Derby Lane

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Baxter Info Technology
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 126.50

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

Transaction ID: 60220.C28930

Amount of Each Receipt this Period
126.50

Receipt

Payroll Deduction: (63.25- /Pay Period)

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

Mailing Address 924 N. Saratoga Dr.

City State Zip Code
Palatine IL 60074

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP II, Human Resources
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 20.00

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

Transaction ID: 60220.C28911

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Marcelo Mosci

Mailing Address 3100 N. Ocean Blvd
Unit 502

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

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

Transaction ID: 60220.C28888

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	346.50
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 / 25
	<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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Timothy Murphy

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.70

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

Transaction ID: 60220.C28929

Amount of Each Receipt this Period
40.70

Receipt

Payroll Deduction: (20.35- /Pay Period)

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

Mailing Address 563 Greenway Drive

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP/GM II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

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

Transaction ID: 60220.C28933

Amount of Each Receipt this Period
90.00

Receipt

Payroll Deduction: (45.00- /Pay Period)

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

Mailing Address 1332 Edgewood Lane

City State Zip Code
Northbrook IL 60062

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

Name of Employer
Baxter International Inc.

Occupation
Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
876.92

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

Transaction ID: 60220.C28941

Amount of Each Receipt this Period
876.92

Receipt

Payroll Deduction: (438.4- 6/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1007.62
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Rafael Pichardo		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 3049 Heavenly Ridge Street		Transaction ID: 60220.C28889
City State Zip Code Thousand Oaks CA 91362	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. Carla Pittman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 5720 Shenandoah Avenue		Transaction ID: 60220.C28925
City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 100.10	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sr Counsel Aggregate Year-to-Date 100.10	Payroll Deduction: (50.05- /Pay Period)

Full Name (Last, First, Middle Initial) C. Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 341 3rd Street West		Transaction ID: 60220.C28915
City State Zip Code Tierra Verde FL 33715	Amount of Each Receipt this Period 54.98	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Mgr II, Operations Aggregate Year-to-Date 54.98	Payroll Deduction: (27.49- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	2155.08
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 21 / 25
	<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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Neervalur Raghavan Mailing Address 2327 Castilian City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Transaction ID: 60220.C28914 Amount of Each Receipt this Period 10.00 Receipt Payroll Deduction: (5.00/- Pay Period)
Name of Employer Baxter Healthcare Corporation Occupation VP I, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00		

B. Full Name (Last, First, Middle Initial) Elizabeth Redd Mailing Address 604 South Leflore City State Zip Code Cleveland MS 38732 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Transaction ID: 60220.C28899 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
Name of Employer Baxter Healthcare Corporation Occupation Plant Controller I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2.00		

C. Full Name (Last, First, Middle Initial) Harold Sargent Mailing Address 1151 Woodview Drive City State Zip Code Green Oaks IL 60048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Transaction ID: 60220.C28893 Amount of Each Receipt this Period 4.00 Receipt Payroll Deduction: (2.00/- Pay Period)
Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4.00		

SUBTOTAL of Receipts This Page (optional)	16.00
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 22 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael Schiffer		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 33741 Shackleton Isle		Transaction ID: 60220.C28922	
City State Zip Code Monarch Beach CA 92629	Amount of Each Receipt this Period 134.78		Receipt Payroll Deduction: (67.39- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Assoc General Counsel Aggregate Year-to-Date ▼ 134.78		

Full Name (Last, First, Middle Initial) B. Victor Schmitt		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 699 Bluff Road		Transaction ID: 60220.C28919	
City State Zip Code Lake Bluff IL 60044	Amount of Each Receipt this Period 77.00		Receipt Payroll Deduction: (38.50- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Pres, Venture Management Aggregate Year-to-Date ▼ 77.00		

Full Name (Last, First, Middle Initial) C. Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 60220.C28891	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 20.00		Receipt Payroll Deduction: (10.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP II, Mfg Strategic Planning Aggregate Year-to-Date ▼ 20.00		

SUBTOTAL of Receipts This Page (optional) ▶	231.78
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1555 Stratford		Transaction ID: 60220.C28940	
City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 22.40
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 22.40		
		Payroll Deduction: (11.20- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Edward Sudlow		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 2406 N Hickory		Transaction ID: 60220.C28890	
City Arlington Heights	State IL	Zip Code 60004	Amount of Each Receipt this Period 4.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Mgr II, Supply Chain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4.00		
		Payroll Deduction: (2.00/- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Donald Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 910 W Cypress Drive		Transaction ID: 60220.C28934	
City Arlington Heights	State IL	Zip Code 60005	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00		
		Payroll Deduction: (40.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	106.40
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 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Andrew Thorrens		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 1835 North Hoyne		Transaction ID: 60220.C28937
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer Baxter International Inc.	Occupation Dir, Payment Planning	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4.00	Payroll Deduction: (2.00/- Pay Period)

Full Name (Last, First, Middle Initial) B. Joel Tune		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 1365 Vos Court		Transaction ID: 60220.C28905
City Antioch	State IL	Zip Code 60002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Baxter Healthcare Corporation	Occupation General Manager II	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	Payroll Deduction: (40.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. James Utts		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 441 thorne lane		Transaction ID: 60220.C28943
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Baxter World Trade Corporation	Occupation CVP, President Europe	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 76.92	Payroll Deduction: (38.46- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	160.92
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 25 / 25
	<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Onelia Vera-littrell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 619 Oleander Drive		Transaction ID: 60220.C28931	
City State Zip Code Hallandale FL 33009		Amount of Each Receipt this Period 145.82	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel		Payroll Deduction: (72.91- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 145.82	

Full Name (Last, First, Middle Initial) B. Clara Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 36 3rd St		Transaction ID: 60220.C28898	
City State Zip Code Cleveland MS 38732		Amount of Each Receipt this Period 2.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation Quality Associate III		Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2.00	

Full Name (Last, First, Middle Initial) C. Donna Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1886 Bowling Green		Transaction ID: 60220.C28906	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation VP I, Marketing		Payroll Deduction: (5.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00	

SUBTOTAL of Receipts This Page (optional) ▶	157.82
TOTAL This Period (last page this line number only) ▶	7908.66