

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 2008 through 01 31 2008

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 Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 02 13 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55170.29
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	55170.29									
(c) Total Receipts (from Line 19)	11585.02	11585.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66755.31	66755.31								
7. Total Disbursements (from Line 31)	4000.00	4000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62755.31	62755.31								
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	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4602.90	4602.90
(i) Itemized (use Schedule A)	6982.12	6982.12
(ii) Unitemized	11585.02	11585.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11585.02	11585.02
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))	11585.02	11585.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11585.02	11585.02

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.....	4000.00	4000.00
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))..	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	4000.00

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)	11585.02	11585.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11585.02	11585.02
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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)
Baxter Healthcare Political Action Committee

A.	Full Name (Last, First, Middle Initial) Joy A Amundson	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 110 W. Onwentsia Road	Transaction ID: 80213.C33122
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 404.62
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Pres BioScience	Payroll Deduction: (202.3-1/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.62	

B.	Full Name (Last, First, Middle Initial) Robert M Davis	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 21515 Hummingbird Court	Transaction ID: 80213.C33168
	City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 303.46
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer	Payroll Deduction: (151.7-3/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.46	

C.	Full Name (Last, First, Middle Initial) Alan Freedlund	Date of Receipt MM / DD / YYYY 01 / 04 / 2008
	Mailing Address 746 S River Rd	Transaction ID: 80213.C33299
	City State Zip Code Naperville IL 60540-6333	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	958.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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 Occupation
Baxter Healthcare Corporation CVP, Global Manufacturing Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.30

Date of Receipt: 01 / 11 / 2008
Transaction ID: 80213.C33099
Amount of Each Receipt this Period: 292.30
Receipt
Payroll Deduction: (146.1-5/Pay Period)

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 Occupation
Baxter International Inc. CVP, President - International

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.92

Date of Receipt: 01 / 11 / 2008
Transaction ID: 80213.C33183
Amount of Each Receipt this Period: 456.92
Receipt
Payroll Deduction: (228.4-6/Pay Period)

C. Full Name (Last, First, Middle Initial)
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Baxter International Inc. CVP, General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.30

Date of Receipt: 01 / 11 / 2008
Transaction ID: 80213.C33169
Amount of Each Receipt this Period: 392.30
Receipt
Payroll Deduction: (196.1-5/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **1141.52**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baxter International Inc. CVP, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.24

Date of Receipt 01 / 11 / 2008
Transaction ID: 80213.C33175
Amount of Each Receipt this Period 319.24
Receipt
Payroll Deduction: (159.6-2/Pay Period)

B. Full Name (Last, First, Middle Initial)
Bruce Mcgillivray

Mailing Address 151 Ridge Lane

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baxter Healthcare Corporation CVP, President Renal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.70

Date of Receipt 01 / 11 / 2008
Transaction ID: 80213.C33146
Amount of Each Receipt this Period 307.70
Receipt
Payroll Deduction: (153.8-5/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 Occupation
Baxter International Inc. Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1006.16

Date of Receipt 01 / 11 / 2008
Transaction ID: 80213.C33179
Amount of Each Receipt this Period 1006.16
Receipt
Payroll Deduction: (503.0-8/Pay Period)

SUBTOTAL of Receipts This Page (optional) 1633.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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) Daniel Tasse	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 95 Spring Street	Transaction ID: 80213.C33123
	City State Zip Code New Providence NJ 07974	Amount of Each Receipt this Period 216.34
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (108.1-7/Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation General Manager IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.34	

B.	Full Name (Last, First, Middle Initial) Karenann Terrell	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 914 Queens Lanes	Transaction ID: 80213.C33174
	City State Zip Code Glenview IL 60025	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (192.3-1/Pay Period)
Name of Employer Baxter International Inc.	Occupation CVP, Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

C.	Full Name (Last, First, Middle Initial) Cheryl White	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 4069 Mayfield Street	Transaction ID: 80213.C33161
	City State Zip Code Newbury Park CA 91320	Amount of Each Receipt this Period 269.24
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (134.6-2/Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.24	

SUBTOTAL of Receipts This Page (optional)	870.20
TOTAL This Period (last page this line number only)	4602.90

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Johnson for Senate District #3 Mailing Address PO Box 279 City Occheyedan State IA Zip Code 51354-0279 Purpose of Disbursement IA STATE SENATE/DISTRICT 3 Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80213.E849 Date of Disbursement 01 / 08 / 2008 Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) Concerned Citizens for Miller Mailing Address 6766 Ridges Court City Bettendorf State IA Zip Code 52722- Purpose of Disbursement IA STATE HOUSE/DISTRICT 82 Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80213.E850 Date of Disbursement 01 / 08 / 2008 Amount of Each Disbursement this Period 400.00
C.	Full Name (Last, First, Middle Initial) Amanda Ragan for Iowa Senate Mailing Address 20 Granite Court SE City Mason City State IA Zip Code 50401- Purpose of Disbursement IA STATE SENATE/DISTRICT 7 Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80213.E851 Date of Disbursement 01 / 08 / 2008 Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Reasoner for State Representative</p> <p>Mailing Address 702 New York Avenue</p> <p>City Creston State IA Zip Code 50801-</p> <p>Purpose of Disbursement IOWA STATE HOUSE/DISTRICT 95</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80213.E852 Date of Disbursement 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mark Smith for Iowa House</p> <p>Mailing Address 816 Roberts Terrace</p> <p>City Marshalltown State IA Zip Code 50158-4327</p> <p>Purpose of Disbursement IA STATE HOUSE/DISTRICT 43</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80213.E853 Date of Disbursement 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>C. Full Name (Last, First, Middle Initial) Upmeyer for House</p> <p>Mailing Address 2175 Pine Avenue</p> <p>City Garner State IA Zip Code 50438-</p> <p>Purpose of Disbursement IA STATE HOUSE/DISTRICT 12</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80213.E854 Date of Disbursement 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Wieck for Iowa Senate		Transaction ID: 80213.E845	
	Mailing Address 4362 Old Lakeport Road		Date of Disbursement 01 / 08 / 2008	
	City Sioux City	State IA	Zip Code 51106-	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement IA STATE SENATE/DISTRICT 27		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	4000.00