

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 Washington DC 20005 Check if different than previously reported. (ACC) X

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 12 01 2005 through 12 31 2005

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 05 15 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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		26477.75
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	38109.89									
(c) Total Receipts (from Line 19)	6342.84	63474.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44452.73	89952.73								
7. Total Disbursements (from Line 31)	1000.00	46500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43452.73	43452.73								
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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	6342.84	63274.98
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6342.84	63274.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	200.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	6342.84	63474.98
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))	6342.84	63474.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6342.84	63474.98

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.....	1000.00	46500.00
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))..	1000.00	46500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	46500.00

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)	6342.84	63474.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6342.84	63474.98
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"/>	<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 1 2 / 0 2 / 2 0 0 5
Mailing Address 203 Bridle Path Lane		Transaction ID: 60112.C28744
City Fox River Grove	State IL	Zip Code 60021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 260.00	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 1 2 / 0 2 / 2 0 0 5
Mailing Address 110 W. Onwentsia Road		Transaction ID: 60112.C28749
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 570.45
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 ▼ 3993.15	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 1 2 / 0 2 / 2 0 0 5
Mailing Address 61 Telegraph Hill Rd.		Transaction ID: 60112.C28743
City Holmdel	State NJ	Zip Code 07733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
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 ▼ 26.00	Payroll Deduction: (1.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	603.45
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 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1795 Ashford Lane		Transaction ID: 60112.C28742	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 15.00		
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 ▼ 130.00		

Full Name (Last, First, Middle Initial) B. Pat Brower		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 502 Canal		Transaction ID: 60112.C28728	
City State Zip Code Cleveland MS 38732	Amount of Each Receipt this Period 3.00		
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 ▼ 26.00		

Full Name (Last, First, Middle Initial) C. Michael Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 531 Lyon Dr		Transaction ID: 60112.C28761	
City State Zip Code Buffalo Grove IL 60089	Amount of Each Receipt this Period 3.00		
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 ▼ 26.00		

SUBTOTAL of Receipts This Page (optional) ▶	21.00
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 Baxter Healthcare Corporation
Occupation Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.00

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

Transaction ID: 60112.C28726

Amount of Each Receipt this Period
6.00

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 Baxter Healthcare Corporation
Occupation Sr Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.00

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

Transaction ID: 60112.C28735

Amount of Each Receipt this Period
6.00

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 Baxter International Inc.
Occupation Dir, Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1492.06

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

Transaction ID: 60112.C28762

Amount of Each Receipt this Period
173.13

Receipt

Payroll Deduction: (57.71- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	185.13
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"/> 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. Sarah Creviston		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 717 North Maple Ave.		Transaction ID: 60112.C28758
City Palatine	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 216.24
Name of Employer Baxter Healthcare Corporation	Occupation VP, Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1860.46	Payroll Deduction: (72.08- /Pay Period)

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address Violeta 153, San Francisco		Transaction ID: 60112.C28772
City San Juan	State PR	Zip Code 00927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 112.11
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Logistics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.54	Payroll Deduction: (37.37- /Pay Period)

Full Name (Last, First, Middle Initial) C. Carlos Del Salto		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 101 NE 3rd Avenue, Ste. 1600 c/o Baxter World Trade		Transaction ID: 60112.C28770
City Ft. Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 565.38
Name of Employer Baxter Export Corporation	Occupation CVP, Pres Intcntl/Asia	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4884.60	Payroll Deduction: (188.4- 6/Pay Period)

SUBTOTAL of Receipts This Page (optional)	893.73
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"/> 17	

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

Full Name (Last, First, Middle Initial) A. Karen Dewey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 92 Spring Valley Drive		Transaction ID: 60112.C28720	
City State Zip Code Mtn Home AR 72653	Amount of Each Receipt this Period 6.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Planner II	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 ▼ 52.00		

Full Name (Last, First, Middle Initial) B. Frederick Dodge		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 233 Mtn St		Transaction ID: 60112.C28729	
City State Zip Code Marion NC 28752	Amount of Each Receipt this Period 3.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Principal Engineer	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 ▼ 26.00		

Full Name (Last, First, Middle Initial) C. Mary Fernald		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 36 Wagner Lane		Transaction ID: 60112.C28746	
City State Zip Code Hillsborough NJ 08844	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Region	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 ▼ 130.00		

SUBTOTAL of Receipts This Page (optional) ▶	24.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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. Rodney Foster		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1979 N. Trevino Terrace		Transaction ID: 60112.C28722	
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 12.00		
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 ▼ 104.00		
		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 1 2 / 0 2 / 2 0 0 5	
Mailing Address 975 Seaboard Ave		Transaction ID: 60112.C28752	
City State Zip Code Atlanta GA 30318	Amount of Each Receipt this Period 21.15		
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 ▼ 179.80		
		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 1 2 / 0 2 / 2 0 0 5	
Mailing Address 5930 N. Ocean Boulevard		Transaction ID: 60112.C28736	
City State Zip Code Ocean Ridge FL 33435	Amount of Each Receipt this Period 115.38		
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 ▼ 999.96		
		Payroll Deduction: (38.46/- Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	148.53
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

Full Name (Last, First, Middle Initial) A. James Gatling		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 3704 Lindsay Ln		Transaction ID: 60112.C28727
City Crystal Lake	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Global Manufacturing Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	Payroll Deduction: (120.0-0/Pay Period)

Full Name (Last, First, Middle Initial) B. Lawrence T Gibbons		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 900 E. Maplewood Road		Transaction ID: 60112.C28764
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 427.86
Name of Employer Baxter International Inc.	Occupation CVP, Quality	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2852.40	Payroll Deduction: (142.6-2/Pay Period)

Full Name (Last, First, Middle Initial) C. Juan Gonzalez		Date of Receipt MM / DD / YYYY 12 / 02 / 2005
Mailing Address 17842 Rachel Lane		Transaction ID: 60112.C28738
City Orland Park	State IL	Zip Code 60467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Baxter Healthcare Corporation	Occupation Project Manager I, IT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00	Payroll Deduction: (5.00/-Pay Period)

SUBTOTAL of Receipts This Page (optional)	802.86
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	

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)
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, Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4300.00

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

Transaction ID: 60112.C28768

Amount of Each Receipt this Period
600.00

Receipt

Payroll Deduction: (200.0-0/Pay Period)

B. 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 Occupation
Baxter Healthcare Corpora-tion President V

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 910.00

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

Transaction ID: 60112.C28718

Amount of Each Receipt this Period
105.00

Receipt

Payroll Deduction: (35.00-/Pay Period)

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

Mailing Address 601 Baxter Avenue

City State Zip Code
Mtn Home AR 72653

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

Name of Employer Occupation
Baxter Healthcare Corpora-tion Sr Planner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 52.00

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

Transaction ID: 60112.C28721

Amount of Each Receipt this Period
6.00

Receipt

Payroll Deduction: (2.00/-Pay Period)

SUBTOTAL of Receipts This Page (optional)	711.00
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

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

Mailing Address 6312 N Keating

City State Zip Code
Chicago IL 60646

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1257.86

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

Transaction ID: 60112.C28730

Amount of Each Receipt this Period
146.28

Receipt

Payroll Deduction: (48.76- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Faye Katt

Mailing Address 1906 N Larrabee

City State Zip Code
Chicago IL 60614

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP Global HR Shared Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

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

Transaction ID: 60112.C28750

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Carol Lampe

Mailing Address 303 Northwind Dr.

City State Zip Code
Lake Villa IL 60046

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sr Research Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26.00

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

Transaction ID: 60112.C28739

Amount of Each Receipt this Period
3.00

Receipt

Payroll Deduction: (1.00/- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	179.28
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. Susan R Lichtenstein		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 60112.C28765	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 548.07	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. 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 ▼ 2192.28	

Full Name (Last, First, Middle Initial) B. Gary Loudermilk		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 570 S Creek Rd		Transaction ID: 60112.C28734	
City State Zip Code Nebo NC 28761		Amount of Each Receipt this Period 6.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corporation 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 ▼ 52.00	

Full Name (Last, First, Middle Initial) C. Teresita Martinez-santini		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address A-1 Atenas Street Repto. Flamingo		Transaction ID: 60112.C28771	
City State Zip Code Bayamon PR 00959		Amount of Each Receipt this Period 99.21	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Puerto Rico Mgr II, Quality		Payroll Deduction: (33.07-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 854.96	

SUBTOTAL of Receipts This Page (optional) ▶	653.28
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 / 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)
John Martino

Mailing Address 104 Dumont Dr

City State Zip Code
Morganton NC 28655

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

Name of Employer Baxter Healthcare Corporation
Occupation Dir, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 26.00

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

Transaction ID: 60112.C28723

Amount of Each Receipt this Period
3.00

Receipt

Payroll Deduction: (1.00/- Pay Period)

B. Full Name (Last, First, Middle Initial)
Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Baxter Healthcare Corporation
Occupation General Manager III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1047.12

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

Transaction ID: 60112.C28754

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (50.00/- Pay Period)

C. Full Name (Last, First, Middle Initial)
Donald Mcpeters

Mailing Address 119 North Hills Drive

City State Zip Code
Marion NC 28752

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

Name of Employer Baxter Healthcare Corporation
Occupation Supv II, Manufacturing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 26.00

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

Transaction ID: 60112.C28733

Amount of Each Receipt this Period
3.00

Receipt

Payroll Deduction: (1.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	156.00
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 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. Victor Miller		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 820 W Webster Ave Unit 1W		Transaction ID: 60112.C28753	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 11.55		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Marketing	Payroll Deduction: (3.85/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.10		

Full Name (Last, First, Middle Initial) B. Arthur Mollenhauer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2409 Lincolnwood Drive		Transaction ID: 60112.C28747	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation General Manager II	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Frank Monteleone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1336 Derby Lane		Transaction ID: 60112.C28756	
City State Zip Code Mundelein IL 60060	Amount of Each Receipt this Period 189.75		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter Info Technology	Payroll Deduction: (63.25- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1633.40		

SUBTOTAL of Receipts This Page (optional) ▶	276.30
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 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

Full Name (Last, First, Middle Initial) A. Barbara Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 924 N. Saratoga Dr.		Transaction ID: 60112.C28737	
City State Zip Code Palatine IL 60074		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation VP II, Human Resources		Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 14601 N Somerset Circle		Transaction ID: 60112.C28755	
City State Zip Code Libertyville IL 60048		Amount of Each Receipt this Period 61.05	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel		Payroll Deduction: (20.35- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.02	

Full Name (Last, First, Middle Initial) C. Peter Omalley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 563 Greenway Drive		Transaction ID: 60112.C28759	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation VP/GM II		Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1170.00	

SUBTOTAL of Receipts This Page (optional) ▶	226.05
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 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) Carla Pittman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 5720 Shenandoah Avenue		Transaction ID: 60112.C28751	
City State Zip Code Los Angeles CA 90056		Amount of Each Receipt this Period 150.15	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1285.61	
		Payroll Deduction: (50.05- /Pay Period)	

B. Full Name (Last, First, Middle Initial) Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 341 3rd Street West		Transaction ID: 60112.C28741	
City State Zip Code Tierra Verde FL 33715		Amount of Each Receipt this Period 82.47	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation Mgr II, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 709.34	
		Payroll Deduction: (27.49- /Pay Period)	

C. Full Name (Last, First, Middle Initial) Neervalur Raghavan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2327 Castilian		Transaction ID: 60112.C28740	
City State Zip Code Northbrook IL 60062		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 130.00	
		Payroll Deduction: (5.00/- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	247.62
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:	PAGE 20 / 25
	(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)
Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Redd Mailing Address 604 South Leflore City Cleveland State MS Zip Code 38732 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 60112.C28725 Amount of Each Receipt this Period 3.00 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 ▼ 26.00		

B. Full Name (Last, First, Middle Initial) Harold Sargent Mailing Address 1151 Woodview Drive City Green Oaks State IL Zip Code 60048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 60112.C28719 Amount of Each Receipt this Period 6.00 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 ▼ 52.00		

C. Full Name (Last, First, Middle Initial) Michael Schiffer Mailing Address 33741 Shackleton Isle City Monarch Beach State CA Zip Code 92629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 60112.C28748 Amount of Each Receipt this Period 202.17 Receipt Payroll Deduction: (67.39- /Pay Period)
Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1739.42		

SUBTOTAL of Receipts This Page (optional)	211.17
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

Full Name (Last, First, Middle Initial) A. Victor Schmitt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 699 Bluff Road		Transaction ID: 60112.C28745
City State Zip Code Lake Bluff IL 60044	Amount of Each Receipt this Period 115.50	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Pres, Venture Management	Payroll Deduction: (38.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	

Full Name (Last, First, Middle Initial) B. Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 60112.C28717
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Mfg Strategic Planning	Payroll Deduction: (10.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1555 Stratford		Transaction ID: 60112.C28766
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 33.60	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Communications	Payroll Deduction: (11.20- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.22	

SUBTOTAL of Receipts This Page (optional) ▶	179.10
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 22 / 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. Edward Sudlow		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2406 N Hickory		Transaction ID: 60112.C28716	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 6.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Supply Chain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 52.00		
		Payroll Deduction: (2.00/- Pay Period)	

Full Name (Last, First, Middle Initial) B. Donald Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 910 W Cypress Drive		Transaction ID: 60112.C28760	
City State Zip Code Arlington Heights IL 60005	Amount of Each Receipt this Period 120.00		
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 ▼ 1040.00		
		Payroll Deduction: (40.00-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Andrew Thorrens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1835 North Hoyne		Transaction ID: 60112.C28763	
City State Zip Code Chicago IL 60647	Amount of Each Receipt this Period 6.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Payment Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 52.00		
		Payroll Deduction: (2.00/- Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	132.00
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 / 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. Joel Tune		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 1365 Vos Court		Transaction ID: 60112.C28731	
City State Zip Code Antioch IL 60002	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation General Manager II	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

Full Name (Last, First, Middle Initial) B. James Utts		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 441 thorne lane		Transaction ID: 60112.C28769	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter World Trade Corporation	Occupation CVP, President Europe	Payroll Deduction: (38.46- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96		

Full Name (Last, First, Middle Initial) C. Onelia Vera-littrell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 619 Oleander Drive		Transaction ID: 60112.C28757	
City State Zip Code Hallandale FL 33009	Amount of Each Receipt this Period 218.73		
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 ▼ 1881.92		

SUBTOTAL of Receipts This Page (optional) ▶	454.11
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"/> 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) Clara Williams Mailing Address 36 3rd St City Cleveland State MS Zip Code 38732 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 60112.C28724 Amount of Each Receipt this Period 3.00 Receipt Payroll Deduction: (1.00/- Pay Period)
Name of Employer: Baxter Healthcare Corporation Occupation: Quality Associate III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 26.00		

B. Full Name (Last, First, Middle Initial) Donna Williams Mailing Address 1886 Bowling Green City Lake Forest State IL Zip Code 60045 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 60112.C28732 Amount of Each Receipt this Period 15.00 Receipt Payroll Deduction: (5.00/- Pay Period)
Name of Employer: Baxter Healthcare Corporation Occupation: VP I, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 130.00		

C. Full Name (Last, First, Middle Initial) Sally Young Mailing Address 555 Drexel Avenue City Glencoe State IL Zip Code 60022 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 60112.C28767 Amount of Each Receipt this Period 220.23 Receipt Payroll Deduction: (73.41- /Pay Period)
Name of Employer: Baxter International Inc. Occupation: VP, Corporate Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1895.88		

SUBTOTAL of Receipts This Page (optional)	238.23
TOTAL This Period (last page this line number only)	6342.84

**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 25 / 25

<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)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Mike Sodrel		Transaction ID: 60112.E679 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5	
Mailing Address P. O. Box 1505		Amount of Each Disbursement this Period 1000.00	
City Jeffersonville	State IN	Zip Code 47130-	Category/ Type
Purpose of Disbursement			
Candidate Name MICHAEL E. SODREL			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00