

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 09 01 2006 through 09 30 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 Creviston
Signature of Treasurer Electronically Filed by Sarah Creviston Date 01 16 2007

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	45265.05									
(c) Total Receipts (from Line 19)	7221.33	63810.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52486.38	107263.03								
7. Total Disbursements (from Line 31)	35000.00	84000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17486.38	23263.03								
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	6393.32	60760.33
(i) Itemized (use Schedule A)	828.01	3049.97
(ii) Unitemized	7221.33	63810.30
(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)	7221.33	63810.30
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))	7221.33	63810.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7221.33	63810.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	84000.00
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))..	35000.00	84000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35000.00	84000.00

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)	7221.33	63810.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7221.33	63810.30
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 / 29
	<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. Joy A Amundson		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 110 W. Onwentsia Road		Transaction ID: 61016.C30153	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 390.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Pres BioScience	Payroll Deduction: (195.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3685.60		

Full Name (Last, First, Middle Initial) B. Robert H Armstrong		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 133 Manchester Drive		Transaction ID: 61016.C30157	
City State Zip Code Waukesha WI 53188	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP, R & D Medical Devices	Payroll Deduction: (50.00-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) C. Michael J Baughman		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 5343 N Lakewood Avenue		Transaction ID: 61016.C30178	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, Controller	Payroll Deduction: (100.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

SUBTOTAL of Receipts This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<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. Sebastian Bufalino		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 1091 Pine Meadow Ct		Transaction ID: 61016.C30189
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 93.10
Name of Employer Baxter International Inc.	Occupation VP, Corporate Audit	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.75	Payroll Deduction: (46.55- /Pay Period)

Full Name (Last, First, Middle Initial) B. Donna Campagna		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 30922 St Andrews Drive		Transaction ID: 61016.C30150
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Baxter IT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Edward Conrad		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 113 S Waverly Pl		Transaction ID: 61016.C30176
City Mt Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.06
Name of Employer Baxter International Inc.	Occupation Dir, Tax	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.15	Payroll Deduction: (59.53- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	252.16
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 / 29
	<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 09 / 08 / 2006	
Mailing Address 717 North Maple Ave.		Transaction ID: 61016.C30170	
City State Zip Code Palatine IL 60067	Amount of Each Receipt this Period 151.36		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Government Affairs	Payroll Deduction: (75.68- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1416.32		

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address Violeta 153, San Francisco		Transaction ID: 61016.C30193	
City State Zip Code San Juan PR 00927	Amount of Each Receipt this Period 79.96		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Logistics	Payroll Deduction: (39.98- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 743.96		

Full Name (Last, First, Middle Initial) C. Robert M Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 21515 Hummingbird Court		Transaction ID: 61016.C30179	
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 230.76		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer	Payroll Deduction: (115.3- 8/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1639.87		

SUBTOTAL of Receipts This Page (optional) ▶	462.08
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 9 / 29
	<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. Mayra Diaz-jimenez		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address Estancias De San Fernando Calle 7		Transaction ID: 61016.C30195	
City State Zip Code Carolina PR 00985	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Baxter S. & D. Puerto Rico Mgr I, Reg Affairs	Payroll Deduction: (20.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Kevin Freeman		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 832 Foxmoor Lane		Transaction ID: 61016.C30147	
City State Zip Code Lake Zurich IL 60047	Amount of Each Receipt this Period 106.44		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Baxter Healthcare Corpora- tion VP I, Finance	Payroll Deduction: (53.22- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 899.54		

Full Name (Last, First, Middle Initial) C. James Gatling		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 3704 Lindsay Ln		Transaction ID: 61016.C30130	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 273.08		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Baxter Healthcare Corpora- tion CVP, Global Manufacturing Ops	Payroll Deduction: (136.5- 4/Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2503.48		

SUBTOTAL of Receipts This Page (optional) ▶	419.52
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 10 / 29
	<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. John Greisch		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 2636 Chesapeake Lane		Transaction ID: 61016.C30190
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 440.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, President - International	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00	
		Payroll Deduction: (220.0-0/Pay Period)

Full Name (Last, First, Middle Initial) B. Lawrence Guiheen		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 1653 Vista Oaks Way		Transaction ID: 61016.C30122
City State Zip Code Westlake Vilage CA 91361	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corpora-tion	Occupation President V	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	
		Payroll Deduction: (35.00-/Pay Period)

Full Name (Last, First, Middle Initial) C. Worth Holder Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 42 Jamestown Court		Transaction ID: 61016.C30187
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 85.66	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter International Inc.	Occupation VP II, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.15	
		Payroll Deduction: (42.83-/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶	595.66
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 / 29
	<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. Irene Jakimcius		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 2208 Wesley Ave.		Transaction ID: 61016.C30182	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 121.82		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.55		
		Payroll Deduction: (60.91- /Pay Period)	

Full Name (Last, First, Middle Initial) B. James Kamienski		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 6312 N Keating		Transaction ID: 61016.C30133	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 100.94		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 948.67		
		Payroll Deduction: (50.47- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Jane Kiernan		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 525 W. Roscoe, #3W		Transaction ID: 61016.C30148	
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		
		Payroll Deduction: (40.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	302.76
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 / 29
	<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. Edward A Langan		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1605 Highland Avenue		Transaction ID: 61016.C30120	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Sales	Payroll Deduction: (75.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Susan R Lichtenstein		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 61016.C30180	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 378.46		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, General Counsel	Payroll Deduction: (189.2- 3/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3569.21		

Full Name (Last, First, Middle Initial) C. Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 421 North Wheaton Ave		Transaction ID: 61016.C30188	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 101.92		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation VP, Tax	Payroll Deduction: (50.96- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.89		

SUBTOTAL of Receipts This Page (optional) ▶	630.38
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 13 / 29
	<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. Brian W Magerkurth		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 4218 Third Street Lane NW		Transaction ID: 61016.C30154	
City State Zip Code Hickory NC 28601	Amount of Each Receipt this Period 110.52		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Global Supply Chain	Payroll Deduction: (55.26- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 929.90		

Full Name (Last, First, Middle Initial) B. Teresita Martinez-santini		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address A-1 Atenas St Repto Flamingo		Transaction ID: 61016.C30192	
City State Zip Code Bayamon PR 00959	Amount of Each Receipt this Period 88.62		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Quality	Payroll Deduction: (44.31- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 754.29		

Full Name (Last, First, Middle Initial) C. Jeanne K Mason		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1 Baxter Parkway DF 1-2E		Transaction ID: 61016.C30185	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 307.70		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, HR	Payroll Deduction: (153.8- 5/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.25		

SUBTOTAL of Receipts This Page (optional) ▶	506.84
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 / 29
	<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. Kevin Mcculloch		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 730 Greenwood Avenue		Transaction ID: 61016.C30166	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 105.76		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation General Manager III	Payroll Deduction: (52.88- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 987.44		

Full Name (Last, First, Middle Initial) B. Bruce Mcgillivray		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 151 Ridge Lane		Transaction ID: 61016.C30162	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 269.24		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President Renal	Payroll Deduction: (134.6- 2/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2279.30		

Full Name (Last, First, Middle Initial) C. Frank Monteleone		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 4620 Forest Edge Lane		Transaction ID: 61016.C30168	
City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 130.92		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter IT	Payroll Deduction: (65.46- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.48		

SUBTOTAL of Receipts This Page (optional) ▶	505.92
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 15 / 29
	<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. Richard Moss		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006	
Mailing Address 1620 Waukegan Rd c/o Bruce McGill		Transaction ID: 61016.C30159	
City State Zip Code McGaw Park IL 60085	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Strategy	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006	
Mailing Address 14601 N Somerset Circle		Transaction ID: 61016.C30167	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Payroll Deduction: (22.50- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.17		

Full Name (Last, First, Middle Initial) C. Peter Omalley		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006	
Mailing Address 563 Greenway Drive		Transaction ID: 61016.C30172	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 90.00		
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 ▼ 855.00		

SUBTOTAL of Receipts This Page (optional) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<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)
Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Govt Aff & Public Policy
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: 61016.C30155

Amount of Each Receipt this Period
160.00

Receipt

Payroll Deduction: (80.00- /Pay Period)

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

Mailing Address 5720 Shenandoah Avenue

City State Zip Code
Los Angeles CA 90056

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Counsel
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 973.05

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: 61016.C30163

Amount of Each Receipt this Period
103.50

Receipt

Payroll Deduction: (51.75- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Virginia Pringle

Mailing Address 341 3rd Street West

City State Zip Code
Tierra Verde FL 33715

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

Name of Employer Occupation
Baxter Healthcare Corpora- Mgr II, Operations
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 538.43

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: 61016.C30142

Amount of Each Receipt this Period
57.46

Receipt

Payroll Deduction: (28.73- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	320.96
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 / 29
	<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. Roibin Ryan		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1419 W Berteau		Transaction ID: 61016.C30183	
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 173.08		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation Deputy General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.16		
		Payroll Deduction: (86.54- /Pay Period)	

Full Name (Last, First, Middle Initial) B. David P Scharf		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 931 Oak Street		Transaction ID: 61016.C30181	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 88.66		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, Corporate Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.82		
		Payroll Deduction: (44.33- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Michael Schiffer		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 33741 Shackleton Isle		Transaction ID: 61016.C30152	
City State Zip Code Monarch Beach CA 92629	Amount of Each Receipt this Period 139.50		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1311.09		
		Payroll Deduction: (69.75- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	401.24
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 18 / 29
	<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 09 / 08 / 2006
Mailing Address 699 Bluff Road		Transaction ID: 61016.C30146
City Lake Bluff	State IL	Zip Code 60044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer Baxter Healthcare Corporation	Occupation Pres, Venture Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.50	Payroll Deduction: (38.50- /Pay Period)

Full Name (Last, First, Middle Initial) B. Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 61016.C30121
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 102.04
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Mfg Strategic Planning	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.44	Payroll Deduction: (51.02- /Pay Period)

Full Name (Last, First, Middle Initial) C. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2006
Mailing Address 1555 Stratford		Transaction ID: 61016.C30186
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.30
Name of Employer Baxter International Inc.	Occupation Dir, Communications	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.65	Payroll Deduction: (11.65- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	202.34
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 / 29
	<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 Sullivan		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 910 W Cypress Drive		Transaction ID: 61016.C30174	
City State Zip Code Arlington Heights IL 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 ▼ 760.00		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Karenann Terrell		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 914 Queens Lanes		Transaction ID: 61016.C30184	
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		
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 ▼ 961.55		
		Payroll Deduction: (192.3- 1/Pay Period)	

Full Name (Last, First, Middle Initial) C. Onelia Vera-littrell		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 619 Oleander Drive		Transaction ID: 61016.C30169	
City State Zip Code Hallandale FL 33009	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation Asst General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1435.96		
		Payroll Deduction: (76.92- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	618.46
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 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Cheryl White

Mailing Address 4069 Mayfield Street

City State Zip Code
Newbury Park CA 91320

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

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

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

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	6

Transaction ID: 61016.C30173

Amount of Each Receipt this Period
250.00

Receipt

Payroll Deduction: (125.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	6393.32

**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 21 / 29

<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. Joe Barton		Transaction ID: 61016.E735 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 805 Washington Dr		Amount of Each Disbursement this Period 2000.00
City Arlington	State TX	
Zip Code 76011-2528		
Purpose of Disbursement		
Candidate Name JOE L BARTON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 06		

Full Name (Last, First, Middle Initial) B. Joe Barton		Transaction ID: 61016.E738 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 805 Washington Dr		Amount of Each Disbursement this Period 1000.00
City Arlington	State TX	
Zip Code 76011-2528		
Purpose of Disbursement		
Candidate Name JOE L BARTON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 06		

Full Name (Last, First, Middle Initial) C. Melissa Bean for Congress		Transaction ID: 61016.E743 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address P. O. Box 3068		Amount of Each Disbursement this Period 2000.00
City Barrington	State IL	
Zip Code 60011-		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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 22 / 29

<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

A. Full Name (Last, First, Middle Initial) Henry Bonilla		Transaction ID: 61016.E727 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 1000.00	
City San Antonio State TX Zip Code 78217-	Purpose of Disbursement Category/Type		
Candidate Name HENRY BONILLA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Burgess for Congress		Transaction ID: 61016.E741 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address P O Box 2334		Amount of Each Disbursement this Period 1000.00	
City Denton State TX Zip Code 76202-	Purpose of Disbursement Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mike DeWine		Transaction ID: 61016.E732 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 37 W Broad St		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215-4132	Purpose of Disbursement Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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<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. Nathan Deal		Transaction ID: 60901.E720 Date of Disbursement 09 / 14 / 2006
Mailing Address PO Box 1015		Amount of Each Disbursement this Period 1000.00
City Gainesville	State GA	
Zip Code 30503-1015		
Purpose of Disbursement		
Candidate Name NATHAN DEAL		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 10		

Full Name (Last, First, Middle Initial) B. John Dingell for Congress		Transaction ID: 61016.E737 Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013-0214		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Phil English		Transaction ID: 61016.E750 Date of Disbursement 09 / 28 / 2006
Mailing Address 104 Hume Ave		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	
Zip Code 22301-1015		
Purpose of Disbursement		
Candidate Name PHILIP S ENGLISH		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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. Grassley Committee		Transaction ID: 61016.E736 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 6193		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22306-0193	Category/ Type	
Purpose of Disbursement		
Candidate Name CHARLES E GRASSLEY		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hastert for Congress Committee		Transaction ID: 60901.E719 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 6344 Cavalier Corridor		Amount of Each Disbursement this Period 2500.00
City Falls Church State VA Zip Code 22044-1203	Category/ Type	
Purpose of Disbursement		
Candidate Name DENNIS J. HASTERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Steny Hoyer		Transaction ID: 61016.E733 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 6500 Cherrywood Ln		Amount of Each Disbursement this Period 2000.00
City Greenbelt State MD Zip Code 20770-7212	Category/ Type	
Purpose of Disbursement		
Candidate Name STENY HAMILTON HOYER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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)

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<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. Johnson for Congress		Transaction ID: 61016.E739 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050-1986	Category/ Type	
Purpose of Disbursement		
Candidate Name NANCY L. JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Blanche Lincoln		Transaction ID: 61016.E742 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 3197		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72203-3197	Category/ Type	
Purpose of Disbursement		
Candidate Name BLANCHE LAMBERT LINCOLN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Trent Lott for Mississippi		Transaction ID: 61016.E722 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 1500.00
City Jackson State MS Zip Code 39225-2824	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

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<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. Ben Nelson		Transaction ID: 61016.E730 Date of Disbursement 09 / 14 / 2006	
Mailing Address 7602 Pacific St		Amount of Each Disbursement this Period 2000.00	
City Omaha State NE Zip Code 68114-5405	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Devin Nunes for Congress		Transaction ID: 61016.E748 Date of Disbursement 09 / 27 / 2006	
Mailing Address PO Box 6545		Amount of Each Disbursement this Period 1000.00	
City Valencia State CA Zip Code 93290-6545	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Joseph Pitts		Transaction ID: 61016.E723 Date of Disbursement 09 / 13 / 2006	
Mailing Address 902 Columbia Ave		Amount of Each Disbursement this Period 1000.00	
City Lancaster State PA Zip Code 17603-	Purpose of Disbursement Candidate Name JOSEPH R PITTS	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16			

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

**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)

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<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. Charles Rangel		Transaction ID: 61016.E745 Date of Disbursement 09 / 26 / 2006	
Mailing Address 163 W 125th St		Amount of Each Disbursement this Period 2000.00	
City New York State NY Zip Code 10027-4404	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Thomas Reynolds		Transaction ID: 61016.E729 Date of Disbursement 09 / 14 / 2006	
Mailing Address 500 Essjay Rd		Amount of Each Disbursement this Period 1000.00	
City Buffalo State NY Zip Code 14221-8226	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Lucille Roybal-Allard		Transaction ID: 61016.E728 Date of Disbursement 09 / 13 / 2006	
Mailing Address 255 E Temple St		Amount of Each Disbursement this Period 1000.00	
City Los Angeles State CA Zip Code 90012-3334	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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<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. Rick Santorum		Transaction ID: 61016.E734 Date of Disbursement MM / DD / YYYY 09 / 19 / 2006
Mailing Address 333 Market St		Amount of Each Disbursement this Period 2000.00
City Harrisburg State PA Zip Code 17101-2210	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

Full Name (Last, First, Middle Initial) B. Friends of Clay Shaw		Transaction ID: 61016.E731 Date of Disbursement MM / DD / YYYY 09 / 14 / 2006
Mailing Address 4451 Brookfield Corporate Dr		Amount of Each Disbursement this Period 2000.00
City Chantilly State VA Zip Code 20151-1693	Purpose of Disbursement Candidate Name CLAY SHAW	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22		Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mike Sodrel		Transaction ID: 61016.E746 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address P. O. Box 1505		Amount of Each Disbursement this Period 2000.00
City Jeffersonville State IN Zip Code 47130-	Purpose of Disbursement Candidate Name MICHAEL E. SODREL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09		Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**SCHEDULE B (FEC Form 3X)
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<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. Jim Talent		Transaction ID: 61016.E749 Date of Disbursement 09 / 27 / 2006	
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-7705	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

35000.00