REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00117838 091798 P 254
STEVEN E KANE
A BAXTER HEALTHCARE CORPORATION
POLITICAL ACTION COMMITTEE
ONE BAXTER PARKWAY/BLDG 5-2W
C DEERFIELD IL 60015

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 16 10 49 AM '98

2. FEC IDENTIFICATION NUMBER
C00117838

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[X] 12-Day Pre-Election Report for the General (Type of Election) election on 11/3/98 in the State of Illinois

[ ] 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/98 through 10/14/98		
6. (a) Cash on Hand January 1, 19 98		$ 12,697.03
(b) Cash on Hand at Beginning of Reporting Period	$ 38,102.46	
(c) Total Receipts (from Line 19)	$ 0	$ 55,905.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 38,102.46	$ 68,602.46
7. Total Disbursements (from Line 30)	$ 3,517.62	$ 34,017.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 34,584.84	$ 34,584.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Steven E. Kane

Signature of Treasurer [signature] Date 10/15/98

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

FEC FORM 3X
(revised 9/93)

FEBAN084

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Baxter Healthcare Corporation Political Action Committee

REPORT COVERING PERIOD FROM 10/1/98 TO: 10/14/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0	49,750.24	11(a)(i)
ii. Unitemized	0	6,155.19	11(a)(ii)
iii. Total (add i and ii) ➤	0	55,905.43	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	0	55,905.43	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	0	55,905.43	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	0	55,905.43	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	34,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	17.62	17.62	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,517.62	34,017.62	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,517.62	34,017.62	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0	55,905.43	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	55,905.43	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER 11(a)i

Contributions from Individuals

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 Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Griffith T. Lewis 823 Furlong Dr. Libertyville, IL 60048 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date > $ 1,000.00	--	--
B. Harry M.J. Kraemer 936 Seneca Rd. Wilmette, IL 60091 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter International, Inc. Occupation: President Aggregate Year-to-Date > $ 4,000.00	--	--
C. Roberto Perez 5657 Oakwood Circle Long Grove, IL 60047 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Division President Aggregate Year-to-Date > $ 2,000.00	--	--
D. Enrique Martinez Rio Duey AA-9, Rio Hondo Bayamon, PR 00961 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Director Aggregate Year-to-Date > $ 1,000.00	--	--
E. James M. Gatling 3704 Lindsay Lane Crystal Lake, IL 60014 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Corporate Vice Pres. Aggregate Year-to-Date > $ 2,038.00	--	--
F. Carlos Antoni #40 Medici St. San Juan, PR 00926 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date > $ 1,000.00	--	--
G. Sarah M. Gregg 2385 N. Vernon St. Arlington, VA 22207 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date > $ 500.00	--	--

SUBTOTAL of Receipts This Page (optional) ..... --

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

PAGE 2 OF 8

FOR LINE NUMBER 11(a)i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael McEvoy 1413 Sunnyside Beach Dr. McHenry, IL 60050 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Vice President Aggregate Year-to-Date $ 1,000.00	--	--
B. Stuart Foster 22181 Westcliff Mission Viejo, CA 92692 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Division President Aggregate Year-to-Date $ 1,000.00	--	--
C. Marvin L. Miller 10 Waddington Ave. W. Orange, NJ 07052 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Business President Aggregate Year-to-Date $ 300.00	--	--
D. Gretchen Winter 1116 W. Webster Chicago, IL 60614 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter International, Inc. Vice President Aggregate Year-to-Date $ 1,000.00	--	--
E. Michael A. Mussallem 770 E. Woodland Rd. Lake Forest, IL 60045 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Group Vice President Aggregate Year-to-Date $ 3,190.00	--	--
F. Donald Joseph 7 Briarwood Ln. Lincolnshire, IL 60069 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Group Vice President Aggregate Year-to-Date $ 2,000.00	--	--
G. Carlos Del Salto 2415 Sea Island Dr. Ft. Lauderdale, FL 33301 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Sr. Vice President Aggregate Year-to-Date $ 3,000.00	--	--

SUBTOTAL of Receipts This Page (optional) ..... —

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

FEPA/KY04

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

PAGE 5 OF 8

FOR LINE NUMBER 11(a)i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Keeley, 22606 Bridle Trail, Kildeer, IL 60047 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 1,000.00	--	--
B. Richard Newman, 635 Bent Creek Ridge, Deerfield, IL 60015 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 1,000.00	--	--
C. Robert Cossey, Route 5, Box 155, Marion, NC 28752 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 1,095.00	--	--
D. Richard McWhorter, 3706 Great Hill Rd., Crystal Lake, IL 60012 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 684.00	--	--
E. Sally Miltenberger, 12 Mulberry Dr., Hawthorn Woods, IL 60047 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 765.00	--	--
F. Joel A. Tune, 42418 N. Center, Antioch, IL 60002 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 680.00	--	--
G. Gregory P. Young, 227 S. Kennicott, Arlington Heights, IL 60005 — Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: President, E.I.S. — Aggregate Year-to-Date $ 720.00	--	--

SUBTOTAL of Receipts This Page (optional) ..... --

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 8

FOR LINE NUMBER 11(a)i

Contributions from Individuals

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David K. Pierce 4110 Jody Court Rolling Meadows, IL 60008 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: General Manager Aggregate Year-to-Date $ 360.00	—	—
B. Full Name, Mailing Address and ZIP Code Margaret Foss 187 Willow Parkway Buffalo Grove, IL 60089 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 640.00	—	—
C. Full Name, Mailing Address and ZIP Code Leo Martis 5524 Oldwood Long Grove, IL 60047 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 450.00	—	—
D. Full Name, Mailing Address and ZIP Code David V. Bacehowski 33136 Lakeshore Dr. Wildwood, IL 60030 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 340.00	—	—
E. Full Name, Mailing Address and ZIP Code Mark J. Sherman 22644 W. Loon Lake Antioch, IL 60002 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 260.00	—	—
F. Full Name, Mailing Address and ZIP Code Victor Schmitt 714 Birch Rd. Lake Bluff, IL 60044 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Business President Aggregate Year-to-Date $ 616.00	—	—
G. Full Name, Mailing Address and ZIP Code Richard L. Miller 2725 Obelisco Court Carlsbad, CA 92009 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Occupation: Division President Aggregate Year-to-Date $ 723.00	—	—

SUBTOTAL of Receipts This Page (optional) —

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven E. Kane 1271 Deerfield Parkway Buffalo Grove, IL 60089 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Vice President Aggregate Year-to-Date $ 580.00	--	--
B. James H. Austin 1521 N. North Park Chicago, IL 60610 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Vice President Aggregate Year-to-Date $ 480.00	--	--
C. Vernon R. Loucks, Jr. 1051 S. Mar-Lane Dr. Lake Forest, IL 60045 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter International, Inc. Chairman Aggregate Year-to-Date $ 3,376.02	--	--
D. John L. Quick 166 Buckley Rd. Barrington Hills, IL 60010 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter International, Inc. Corporate Vice Pres. Aggregate Year-to-Date $ 1,440.00	--	--
E. Dennis R. Owczarski 33859 N. Fischer Dr. Ingleside, IL 60041 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter International, Inc. Vice President Aggregate Year-to-Date $ 520.00	--	--
F. William Blackburn 1647 RFD Bernay Ln. Long Grove, IL 60047 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter Healthcare Corporation Vice President Aggregate Year-to-Date $ 452.00	--	--
G. A. Gerard Sieck 126 Wisner St. Park Ridge, IL 60068 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Baxter International, Inc. Vice President Aggregate Year-to-Date $ 760.00	--	--

SUBTOTAL of Receipts This Page (optional) ..... --

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jill Herron Carter 1489 Heritage Court Lake Forest, IL 60045 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: Vice President Aggregate Year-to-Date $ 450.00	--	--
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Sullivan 910 W. Cypress Dr. Arlington Heights, IL 60005 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: Vice President Aggregate Year-to-Date $ 640.00	--	--
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John F. Gaither, Jr. 501 Rockefeller Lake Forest, IL 60045 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: Corporate Vice Pres. Aggregate Year-to-Date $ 1,090.00	--	--
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brian P. Anderson 1703 Violet Court Highland Park, IL 60035 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: Corporate Vice Pres. Aggregate Year-to-Date $ 2,090.00	--	--
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Tucker 1051 W. Inverleith Rd. Lake Forest, IL 60045 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: Sr. Vice President Aggregate Year-to-Date $ 1,265.00	--	--
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David C. McKee 228 Surrey Ln. Lake Forest, IL 60045 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: VP, Deputy Gen'l Cnsl. Aggregate Year-to-Date $ 1,329.00	--	--
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary L. Barker 36131 N. Springbrook Ln. Gurnee, IL 60031 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter International, Inc. Occupation: Vice President Aggregate Year-to-Date $ 900.00	--	--

SUBTOTAL of Receipts This Page (optional) ..... --

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

FEBAN564

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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

FOR LINE NUMBER 11(a)i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Javier Henao, P.O. Box 747, Deerfield, IL 60015 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Business President — Aggregate Year-to-Date $ 730.74	--	--
B. Claudia J. Becker, 12702 N.W. 20th St., Pembroke Pines, FL 33028 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Director — Aggregate Year-to-Date $ 680.00	--	--
C. William L. Rice, 3502 Crystal Lane, Davie, FL 33330 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 600.00	--	--
D. Gary H. Carraway, 1105 Waterbrook Ln., Weston, FL 33326 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Former Vice President — Aggregate Year-to-Date $ 560.00	--	--
E. Paul O. Ashba, 1482 Barhaven Dr., Rochester Hills, MI 48306 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Counsel — Aggregate Year-to-Date $ 250.00	--	--
F. John H. Kehl, Jr., 24891 Village Wood Ln., El Toro, CA 92630 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Vice President — Aggregate Year-to-Date $ 435.00	--	--
G. Anita Bessler, 25721 Dillon Rd., Laguna Hills, CA 92654 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Baxter Healthcare Corporation — Occupation: Division President — Aggregate Year-to-Date $ 850.00	--	--

SUBTOTAL of Receipts This Page (optional) ..... --

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

FE2AN064

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

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FOR LINE NUMBER 11(a)i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Laura Brooks 80 Corsica Dr. Newport Beach, CA 92660	Baxter Healthcare Corporation Vice President	--	--
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date $ 653.82		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

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

FE8AN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contributions to Federal Candidates

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [x] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Gekas for Congress Committee c/o Morgan, Meredith & Assoc. 4451 Brooksfield Corp. Dr., Ste. 200 Chantilly, VA 20151	Re-elect George Gekas, Congress, PA, 17th Dist.	10/1/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [x] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
New Democrat Network 501 Capitol Court, N.E., Ste. 200 Washington, DC 20002	Contribution	10/5/98	1,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [x] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-elect Congressman Ed Towns 442 New Jersey Ave., S.E., Ste. 250 Washington, DC 20003	Re-elect Ed Towns, Congress, NY, 10th Dist.	10/6/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [x] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Dreier for Congress P.O. Box 1110 Covina, CA 91722	Re-elect David Dreier, Congress, CA, 28th Dist.	10/13/98	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	3,500.00

FE8AN064

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10/18/98
DATE PREPARED

(4/98)