

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Baxter Healthcare Political Action Committee

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

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

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

5. Covering Period 01 01 2007 through 01 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Sarah Creviston  
Signature of Treasurer Electronically Filed by Sarah Creviston Date 02 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		43802.52
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	43802.52									
(c) Total Receipts (from Line 19) .....	9376.96	9376.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53179.48	53179.48								
7. Total Disbursements (from Line 31) .....	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53179.48	53179.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	4507.53	4507.53
(i) Itemized (use Schedule A) .....	4869.43	4869.43
(ii) Unitemized .....	9376.96	9376.96
(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) .....	9376.96	9376.96
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)) .....	9376.96	9376.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9376.96	9376.96

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9376.96	9376.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9376.96	9376.96
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 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> Joy A Amundson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 110 W. Onwentsia Road		Transaction ID: 70130.C30913	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 390.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation CVP, Pres BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	
		Payroll Deduction: (195.0-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael J Baughman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 5343 N Lakewood Avenue		Transaction ID: 70130.C30943	
City State Zip Code Chicago IL 60640		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter International Inc.		Occupation CVP, Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	
		Payroll Deduction: (100.0-0/Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert M Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 21515 Hummingbird Court		Transaction ID: 70130.C30944	
City State Zip Code Kildeer IL 60047		Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Baxter International Inc.		Occupation CVP, Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	
		Payroll Deduction: (115.3-8/Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	820.76
<b>TOTAL</b> 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 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> James Gatling		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 3704 Lindsay Ln		Transaction ID: 70130.C30889
City Crystal Lake	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 273.08
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 ▼ 273.08	Payroll Deduction: (136.5-4/Pay Period)

Full Name (Last, First, Middle Initial) <b>B.</b> John Greisch		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 2636 Chesapeake Lane		Transaction ID: 70130.C30956
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 440.00
Name of Employer Baxter International Inc.	Occupation CVP, President - International	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	Payroll Deduction: (220.0-0/Pay Period)

Full Name (Last, First, Middle Initial) <b>C.</b> Susan R Lichtenstein		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 70130.C30945
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 378.46
Name of Employer Baxter International Inc.	Occupation CVP, General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.46	Payroll Deduction: (189.2-3/Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1091.54
<b>TOTAL</b> 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 / 10
	<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)  
Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Baxter International Inc. CVP, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.70

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

Transaction ID: 70130.C30950

Amount of Each Receipt this Period  
307.70

Receipt

Payroll Deduction: (153.8-5/Pay Period)

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

Mailing Address 151 Ridge Lane

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Baxter Healthcare Corporation CVP, President Renal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.24

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

Transaction ID: 70130.C30924

Amount of Each Receipt this Period  
269.24

Receipt

Payroll Deduction: (134.6-2/Pay Period)

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

Mailing Address 1332 Edgewood Lane

City State Zip Code  
Northbrook IL 60062

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

Name of Employer Occupation  
Baxter International Inc. Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 923.08

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

Transaction ID: 70130.C30953

Amount of Each Receipt this Period  
923.08

Receipt

Payroll Deduction: (461.5-4/Pay Period)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.02
<b>TOTAL</b> 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 / 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Michael Schiffer</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 33741 Shackleton Isle		Transaction ID: 70130.C30912	
City State Zip Code Monarch Beach CA 92629		Amount of Each Receipt this Period 69.75	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer: Baxter Healthcare Corporation Occupation: Assoc General Counsel		Payroll Deduction: (69.75- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 69.75	

Full Name (Last, First, Middle Initial) <b>B. Michael Schiffer</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 33741 Shackleton Isle		Transaction ID: 70130.C31001	
City State Zip Code Monarch Beach CA 92629		Amount of Each Receipt this Period 390.84	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer: Baxter Healthcare Corporation Occupation: Assoc General Counsel		Payroll Deduction: (390.8- 4/Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.59	

Full Name (Last, First, Middle Initial) <b>C. Karenann Terrell</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 914 Queens Lanes		Transaction ID: 70130.C30949	
City State Zip Code Glenview IL 60025		Amount of Each Receipt this Period 384.62	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer: Baxter International Inc. Occupation: CVP, Chief Information Officer		Payroll Deduction: (192.3- 1/Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	845.21
<b>TOTAL</b> 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:	PAGE 10 / 10						
	(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

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)  
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) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	7

Transaction ID: 70130.C30938

Amount of Each Receipt this Period  
250.00

Receipt

Payroll Deduction: (125.0-0/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4507.53