

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

5. Covering Period 02 01 2008 through 02 29 2008

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

Signature of Treasurer Electronically Filed by Sarah Creviston Date 03 19 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55170.29
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	62755.31									
(c) Total Receipts (from Line 19)	10693.68	22278.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73448.99	77448.99								
7. Total Disbursements (from Line 31)	18000.00	22000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55448.99	55448.99								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7163.24	11766.14
(i) Itemized (use Schedule A)	3530.44	10512.56
(ii) Unitemized	10693.68	22278.70
(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)	10693.68	22278.70
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))	10693.68	22278.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10693.68	22278.70

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.....	18000.00	18000.00
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	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18000.00	22000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	22000.00

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)	10693.68	22278.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10693.68	22278.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Joy A Amundson	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 110 W. Onwentsia Road	Transaction ID: 80307.C33340
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 404.62
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (202.3-1/Pay Period)
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 ▼ 809.24	

B.	Full Name (Last, First, Middle Initial) Peter J Arduini	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 1059 Warrington Road	Transaction ID: 80307.C33341
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0-0/Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Pres Medication Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Donald Baker	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 286 Whitworth	Transaction ID: 80307.C33377
	City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 127.22
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (63.61-/Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.44	

SUBTOTAL of Receipts This Page (optional)	731.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<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) Michael J Baughman	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 5343 N Lakewood Avenue	Transaction ID: 80307.C33384
	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 Payroll Deduction: (100.0-0/Pay Period)
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 ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Susan Brown	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 7707 Wisconsin Ave #412	Transaction ID: 80307.C33319
	City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 106.16
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (53.08-/Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation Plant Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.32	

C.	Full Name (Last, First, Middle Initial) Edward Conrad	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 113 S Waverly Pl	Transaction ID: 80307.C33381
	City State Zip Code Mt Prospect IL 60056	Amount of Each Receipt this Period 122.40
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (61.20-/Pay Period)
Name of Employer Baxter International Inc.	Occupation Dir, Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.80	

SUBTOTAL of Receipts This Page (optional)	▶	428.56
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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) Sarah Creviston	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 717 North Maple Ave.	Transaction ID: 80307.C33373
	City Palatine State IL Zip Code 60067	Amount of Each Receipt this Period 187.86
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs	Payroll Deduction: (93.93- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.72	

B.	Full Name (Last, First, Middle Initial) Robert M Davis	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 21515 Hummingbird Court	Transaction ID: 80307.C33385
	City Kildeer State IL Zip Code 60047	Amount of Each Receipt this Period 303.46
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc. Occupation CVP, Chief Financial Officer	Payroll Deduction: (151.7- 3/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.92	

C.	Full Name (Last, First, Middle Initial) Valery E Gallagher	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 14334 Spring Meadow Court	Transaction ID: 80307.C33348
	City Green Oaks State IL Zip Code 60048	Amount of Each Receipt this Period 127.20
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation Occupation Dir, State Govt Affairs	Payroll Deduction: (63.60- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.40	

SUBTOTAL of Receipts This Page (optional)	618.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3704 Lindsay Ln

City State Zip Code
Crystal Lake IL 60014

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

Name of Employer Occupation
Baxter Healthcare Corpora- CVP, Global Manufacturing Ops
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 584.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33317

Amount of Each Receipt this Period
292.30

Receipt
Payroll Deduction: (146.1-5/Pay Period)

B. Full Name (Last, First, Middle Initial)
John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
Baxter International Inc. CVP, President - International

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 913.84

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33400

Amount of Each Receipt this Period
456.92

Receipt
Payroll Deduction: (228.4-6/Pay Period)

C. Full Name (Last, First, Middle Initial)
Andrew C Hayes

Mailing Address 1620 Timber Woods Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Dir, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.96

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33350

Amount of Each Receipt this Period
117.98

Receipt
Payroll Deduction: (58.99- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **867.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<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) Irene Jakimcius		Date of Receipt
	Mailing Address 2208 Wesley Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: 80307.C33389
Name of Employer Baxter International Inc.		Occupation Assoc General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 301.08	<input type="text"/> 150.54
			Receipt
			Payroll Deduction: (75.27- /Pay Period)

B.	Full Name (Last, First, Middle Initial) James Kamienski		Date of Receipt
	Mailing Address 6312 N Keating		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60646
	FEC ID number of contributing federal political committee. C		Transaction ID: 80307.C33318
Name of Employer Baxter Healthcare Corporation		Occupation VP II, Manufacturing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 209.92	<input type="text"/> 104.96
			Receipt
			Payroll Deduction: (52.48- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Marie G Kissel		Date of Receipt
	Mailing Address 1 Baxter Pkwy c/o Gerald Lema		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: 80307.C33401
Name of Employer Baxter World Trade Corporation		Occupation Dir, Fed Legislative Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 287.44	<input type="text"/> 143.72
			Receipt
			Payroll Deduction: (71.86- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 399.22
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Edward A Langan

Mailing Address 2001 Tower Drive #339

City State Zip Code
Glenview IL 60026

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP II, Sales
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33306

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (75.00- /Pay Period)

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

Mailing Address 1257 W Wrightwood Ave

City State Zip Code
Chicago IL 60614

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 784.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33386

Amount of Each Receipt this Period
392.30

Receipt

Payroll Deduction: (196.1- 5/Pay Period)

C. Full Name (Last, First, Middle Initial)
Matthew Lykken

Mailing Address 421 North Wheaton Ave

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Baxter International Inc. VP, Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.76

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33397

Amount of Each Receipt this Period
115.38

Receipt

Payroll Deduction: (57.69- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **657.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 20
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Brian W Magerkurth

Mailing Address 500 Deerfield Road

City State Zip Code
Deerfield IL 60015

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

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Global Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.92

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80307.C33342

Amount of Each Receipt this Period
114.96

Receipt

Payroll Deduction: (57.48-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)
Michael Martin

Mailing Address 546 Lochwood Dr

City State Zip Code
Crystal Lake IL 60012

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

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP I, Mfg Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.32

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80307.C33323

Amount of Each Receipt this Period
145.66

Receipt

Payroll Deduction: (72.83-
/Pay Period)

C.

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

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 60015

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

Name of Employer
Baxter International Inc.

Occupation
CVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
638.48

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80307.C33392

Amount of Each Receipt this Period
319.24

Receipt

Payroll Deduction: (159.6-
2/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **579.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 20
(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)
Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Transition Services
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 239.24

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33368

Amount of Each Receipt this Period
119.62

Receipt
Payroll Deduction: (59.81- /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 Corpora- CVP, President Renal
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 615.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33363

Amount of Each Receipt this Period
307.70

Receipt
Payroll Deduction: (153.8- 5/Pay Period)

C.

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

Mailing Address 1332 Edgewood Lane

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
Baxter International Inc. Chairman & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2012.32

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80307.C33396

Amount of Each Receipt this Period
1006.16

Receipt
Payroll Deduction: (503.0- 8/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 1433.48

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20
(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)
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
Baxter Healthcare Corporation

Occupation
Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.24

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80307.C33364

Amount of Each Receipt this Period
106.62

Receipt

Payroll Deduction: (53.31- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
David H Resnicoff

Mailing Address 926 Valley Road

City State Zip Code
Glencoe IL 60022

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

Name of Employer
Baxter International Inc.

Occupation
Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.68

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80307.C33393

Amount of Each Receipt this Period
105.34

Receipt

Payroll Deduction: (52.67- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Roibin Ryan

Mailing Address 1419 W Berteau

City State Zip Code
Chicago IL 60613

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

Name of Employer
Baxter International Inc.

Occupation
Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.88

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80307.C33390

Amount of Each Receipt this Period
182.94

Receipt

Payroll Deduction: (91.47- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **394.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<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) David P Scharf	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 931 Oak Street	Transaction ID: 80307.C33387
	City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 103.84
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Baxter International Inc. CVP, Corporate Secretary	Payroll Deduction: (51.92- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.68	

B.	Full Name (Last, First, Middle Initial) Chandra Sekhar	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 1621 Mission Hills Rd Unit 211	Transaction ID: 80307.C33307
	City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 106.64
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Baxter Healthcare Corpora- tion VP II, Mfg Strategic Planning	Payroll Deduction: (53.32- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.28	

C.	Full Name (Last, First, Middle Initial) Karenann Terrell	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 914 Queens Lanes	Transaction ID: 80307.C33391
	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 Occupation Baxter International Inc. 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 ▼ 769.24	

SUBTOTAL of Receipts This Page (optional)	595.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 20
	(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) Onelia Vera-littrell		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
Mailing Address 619 Oleander Drive		Transaction ID: 80307.C33372
City Hallandale	State FL	Zip Code 33009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.64
Name of Employer Baxter Healthcare Corpora- tion	Occupation Asst General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.28	Payroll Deduction: (93.82- /Pay Period)

B.

Full Name (Last, First, Middle Initial) Cheryl White		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
Mailing Address 4069 Mayfield Street		Transaction ID: 80307.C33378
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.24
Name of Employer Baxter Healthcare Corpora- tion	Occupation CVP, Quality	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.48	Payroll Deduction: (134.6- 2/Pay Period)

SUBTOTAL of Receipts This Page (optional)	456.88
TOTAL This Period (last page this line number only)	7163.24

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Jason Altmire for U.S. Congress	Transaction ID: 80307.E863 Date of Disbursement 02 / 28 / 2008
	Mailing Address 8190 Streamside Drive	Amount of Each Disbursement this Period 1000.00
	City Pittsburgh State PA Zip Code 15237-	
	Purpose of Disbursement	Category/Type
	Candidate Name JASON ALTMIRE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brady for Congress	Transaction ID: 80307.E859 Date of Disbursement 02 / 28 / 2008
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301-	
	Purpose of Disbursement	Category/Type
	Candidate Name KEVIN BRADY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: 80307.E856 Date of Disbursement 02 / 28 / 2008
	Mailing Address PO Box 423	Amount of Each Disbursement this Period 2000.00
	City Midland State MI Zip Code 48640-	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Democratic Cong. Campaign Committee Mailing Address 430 Capitol Street, SE City Washington State DC Zip Code 20003- Purpose of Disbursement 2008 CALENDAR YEAR CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80307.E861 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 2008 CALENDAR YEAR CONTRI- BUTION

B. Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee Mailing Address PO Box 1949 City Springfield State IL Zip Code 62705-1949 Purpose of Disbursement Candidate Name RICHARD J DURBIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80307.E862 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 2008 CALENDAR YEAR CONTRI- BUTION

C. Full Name (Last, First, Middle Initial) Bill Foster for Congress Mailing Address 39W341 Preston Circle City Geneva State IL Zip Code 60134- Purpose of Disbursement SPECIAL ELECTION Candidate Name G WILLIAM FOSTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Election 200	Transaction ID: 80307.E864 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00 Category/Type SPECIAL ELECTION

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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)

<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) Wally Herger for Congress Committee <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement <hr/> Candidate Name WALLY HERGER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80307.E858 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Roskam for Congress <hr/> Mailing Address 423 W. Wesley <hr/> City Wheaton State IL Zip Code 60187- <hr/> Purpose of Disbursement <hr/> Candidate Name PETER ROSKAM <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80307.E865 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ken Salazar <hr/> Mailing Address 422 C Street, NE Lower Level <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement <hr/> Candidate Name KEN SALAZAR <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80307.E857 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)

<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)
Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City State Zip Code
Fremont CA 94537-8331

Purpose of Disbursement

Candidate Name
PETE STARK

Office Sought: House
 Senate
 President

State: CA District: 13

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 80307.E860

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Team Sununu

Mailing Address PO Box 500

City State Zip Code
Rye NH 03870-2919

Purpose of Disbursement

Candidate Name
JOHN E SUNUNU

Office Sought: House
 Senate
 President

State: NH District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 80307.E855

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

18000.00