

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2007 through 08 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 09 19 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">43802.52</td></tr></table>	43802.52
Y	Y	Y	Y									
2	0	0	7									
43802.52												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">62004.66</td></tr></table>	62004.66										
62004.66												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">8746.33</td></tr></table>	8746.33	<table border="1" style="width: 100%;"><tr><td align="right">76448.47</td></tr></table>	76448.47								
8746.33												
76448.47												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">70750.99</td></tr></table>	70750.99	<table border="1" style="width: 100%;"><tr><td align="right">120250.99</td></tr></table>	120250.99								
70750.99												
120250.99												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td align="right">49500.00</td></tr></table>	49500.00								
0.00												
49500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">70750.99</td></tr></table>	70750.99	<table border="1" style="width: 100%;"><tr><td align="right">70750.99</td></tr></table>	70750.99								
70750.99												
70750.99												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

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	8422.77	66493.66
(i) Itemized (use Schedule A)	323.56	9954.81
(ii) Unitemized	8746.33	76448.47
(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)	8746.33	76448.47
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))	8746.33	76448.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8746.33	76448.47

DETAILED SUMMARY PAGE

of Disbursements

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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.....	0.00	49500.00
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	49500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	49500.00

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)	8746.33	76448.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8746.33	76448.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Y 08 / 10 / 2007	
Mailing Address 110 W. Onwentsia Road		Transaction ID: 70919.C32153	
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	
Name of Employer Occupation Baxter Healthcare Corpora- CVP, Pres BioScience tion		Payroll Deduction: (202.3- 1/Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3410.03			

Full Name (Last, First, Middle Initial) B. Robert H Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2007	
Mailing Address 133 Manchester Drive		Transaction ID: 70919.C32158	
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 Occupation Baxter Healthcare Corpora- VP, R & D Medical Devices tion		Payroll Deduction: (50.00- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 850.00			

Full Name (Last, First, Middle Initial) C. Donald Baker		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2007	
Mailing Address 286 Whitworth		Transaction ID: 70919.C32181	
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	
Name of Employer Occupation Baxter Healthcare Corpora- VP II, Quality tion		Payroll Deduction: (63.61- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1063.19			

SUBTOTAL of Receipts This Page (optional) ▶	631.84
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 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Michael J Baughman

Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

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

Name of Employer Occupation
Baxter International Inc. CVP, Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32187

Amount of Each Receipt this Period
200.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Sebastian Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer Occupation
Baxter International Inc. VP, Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
810.82

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32198

Amount of Each Receipt this Period
96.64

Receipt

Payroll Deduction: (48.32-/Pay Period)

C. Full Name (Last, First, Middle Initial)
Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corpora-tion VP, Baxter IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32148

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	336.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 113 S Waverly Pl

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Occupation
Baxter International Inc. Dir, Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.38

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32185

Amount of Each Receipt this Period
122.40

Receipt

Payroll Deduction: (61.20- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code
Palatine IL 60067

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

Name of Employer Occupation
Baxter Healthcare Corpora- tion VP, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1544.59

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32178

Amount of Each Receipt this Period
187.86

Receipt

Payroll Deduction: (93.93- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City State Zip Code
San Juan PR 00927

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

Name of Employer Occupation
Baxter Healthcare Puerto Rico Dir, Logistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 697.26

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32204

Amount of Each Receipt this Period
83.16

Receipt

Payroll Deduction: (41.58- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	393.42
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert M Davis		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007
Mailing Address 21515 Hummingbird Court		Transaction ID: 70919.C32188
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 303.46	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (151.7-3/Pay Period)
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 ▼ 2434.01	

Full Name (Last, First, Middle Initial) B. Paul Estrem		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007
Mailing Address 325 Clarewood Circle		Transaction ID: 70919.C32151
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (50.00-/Pay Period)
Name of Employer Baxter Healthcare Corpora-tion	Occupation VP II, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Camille I Farhat		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007
Mailing Address 1052 Warrington Road		Transaction ID: 70919.C32160
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (50.00-/Pay Period)
Name of Employer Baxter Healthcare Corpora-tion	Occupation General Manager IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional) ▶	503.46
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: (check only one)	PAGE 10 / 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 20982 Buffalo Run City State Zip Code Kildeer IL 60047 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7 Transaction ID: 70919.C32145 Amount of Each Receipt this Period 126.36 Receipt Payroll Deduction: (63.18- /Pay Period)
Name of Employer Occupation Baxter Healthcare Corpora- VP I, Finance tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1052.55		

B. Full Name (Last, First, Middle Initial) Valery E Gallagher Mailing Address 14334 Spring Meadow Court City State Zip Code Green Oaks IL 60048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7 Transaction ID: 70919.C32161 Amount of Each Receipt this Period 127.20 Receipt Payroll Deduction: (63.60- /Pay Period)
Name of Employer Occupation Baxter Healthcare Corpora- Dir, State Govt Affairs tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1059.58		

C. 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		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7 Transaction ID: 70919.C32132 Amount of Each Receipt this Period 292.30 Receipt Payroll Deduction: (146.1- 5/Pay Period)
Name of Employer Occupation Baxter Healthcare Corpora- CVP, Global Manufacturing Ops tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2446.11		

SUBTOTAL of Receipts This Page (optional)	545.86
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Arthur J Gibson

Mailing Address 3775 Riveryly Trace

City State Zip Code
Marietta GA 30067

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Environ Health & Safety
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 387.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 70919.C32159

Amount of Each Receipt this Period
96.92

Receipt

Payroll Deduction: (48.46- /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) ▼ 3849.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 70919.C32199

Amount of Each Receipt this Period
456.92

Receipt

Payroll Deduction: (228.4- 6/Pay Period)

C. Full Name (Last, First, Middle Initial)
Lawrence Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

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

Name of Employer Occupation
Baxter Healthcare Corpora- President V
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 70919.C32124

Amount of Each Receipt this Period
70.00

Receipt

Payroll Deduction: (35.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	623.84
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 12 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Andrew C Hayes		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 1620 Timber Woods Lane		Transaction ID: 70919.C32162
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.98
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.96	Payroll Deduction: (58.99- /Pay Period)

Full Name (Last, First, Middle Initial) B. Worth Holder Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 42 Jamestown Court		Transaction ID: 70919.C32196
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.90
Name of Employer Baxter International Inc.	Occupation VP II, Business Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 745.93	Payroll Deduction: (44.45- /Pay Period)

Full Name (Last, First, Middle Initial) C. Irene Jakimcius		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 2208 Wesley Ave.		Transaction ID: 70919.C32191
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.54
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1238.27	Payroll Deduction: (75.27- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	357.42
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Kamienski		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 6312 N Keating		Transaction ID: 70919.C32134
City Chicago	State IL	Zip Code 60646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.96
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Manufacturing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.10	Payroll Deduction: (52.48- /Pay Period)

Full Name (Last, First, Middle Initial) B. Robert Keeley		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 22606 Bridle		Transaction ID: 70919.C32168
City Kildeer	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 94.44
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.88	Payroll Deduction: (47.22- /Pay Period)

Full Name (Last, First, Middle Initial) C. Jane Kiernan		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 525 W. Roscoe, #3W		Transaction ID: 70919.C32146
City Chicago	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Baxter Healthcare Corporation	Occupation General Manager III	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	279.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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)
Marie G Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation Dir, Fed Legislative Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1205.84

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: 70919.C32200

Amount of Each Receipt this Period
143.72

Receipt

Payroll Deduction: (71.86- /Pay Period)

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

Mailing Address 1605 Highland Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Baxter Healthcare Corporation VP II, Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1275.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: 70919.C32122

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (75.00- /Pay Period)

C. 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) ▼ 3306.87

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: 70919.C32189

Amount of Each Receipt this Period
392.30

Receipt

Payroll Deduction: (196.1- 5/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	686.02
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Raymond Linder Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 246 Montclair Road		Transaction ID: 70919.C32150	
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 74.62		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, HR	Payroll Deduction: (37.31- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.41		

Full Name (Last, First, Middle Initial) B. Ronald K Lloyd		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 1694 Falling Star Ave.		Transaction ID: 70919.C32149	
City State Zip Code Westlake Village CA 91362	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 General Manager IV	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 ▼ 850.00		

Full Name (Last, First, Middle Initial) C. Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 421 North Wheaton Ave		Transaction ID: 70919.C32197	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Tax	Payroll Deduction: (57.69- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 908.22		

SUBTOTAL of Receipts This Page (optional) ▶	290.00
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 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian W Magerkurth		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007	
Mailing Address 4218 Third Street Lane NW		Transaction ID: 70919.C32155	
City State Zip Code Hickory NC 28601	Amount of Each Receipt this Period 114.96		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion Occupation VP II, Global Supply Chain	Aggregate Year-to-Date ▼ 963.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (57.48- /Pay Period)		

Full Name (Last, First, Middle Initial) B. Michael Martin		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007	
Mailing Address 546 Lochwood Dr		Transaction ID: 70919.C32138	
City State Zip Code Crystal Lake IL 60012	Amount of Each Receipt this Period 145.66		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Mfg Strategic Planning	Aggregate Year-to-Date ▼ 291.32		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (72.83- /Pay Period)		

Full Name (Last, First, Middle Initial) C. Teresita Martinez-santini		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007	
Mailing Address A-1 Atenas St Repto Flamingo		Transaction ID: 70919.C32203	
City State Zip Code Bayamon PR 00959	Amount of Each Receipt this Period 91.54		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Quality	Aggregate Year-to-Date ▼ 769.33		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (45.77- /Pay Period)		

SUBTOTAL of Receipts This Page (optional) ▶	352.16
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 17 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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 ▼ 2690.46

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: 70919.C32194

Amount of Each Receipt this Period
319.24

Receipt

Payroll Deduction: (159.6-2/Pay Period)

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

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1004.05

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: 70919.C32173

Amount of Each Receipt this Period
119.62

Receipt

Payroll Deduction: (59.81- /Pay Period)

C. 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- tion CVP, President Renal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2538.53

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: 70919.C32169

Amount of Each Receipt this Period
307.70

Receipt

Payroll Deduction: (153.8-5/Pay Period)

SUBTOTAL of Receipts This Page (optional)	746.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Frank Monteleone

Mailing Address 4620 Forest Edge Lane

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, IT
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.41

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 70919.C32175

Amount of Each Receipt this Period
92.30

Receipt

Payroll Deduction: (46.15- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Timothy Murphy

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corpora- Asst General Counsel
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 438.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 70919.C32174

Amount of Each Receipt this Period
53.06

Receipt

Payroll Deduction: (26.53- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Peter Omalley

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP/GM II
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 70919.C32180

Amount of Each Receipt this Period
90.00

Receipt

Payroll Deduction: (45.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	235.36
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 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Shannon W. Penberthy		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 3214 Porter Street, NW		Transaction ID: 70919.C32156	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs	Payroll Deduction: (80.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00		

Full Name (Last, First, Middle Initial) B. Carla Pittman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 5720 Shenandoah Avenue		Transaction ID: 70919.C32170	
City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 106.62		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	Payroll Deduction: (53.31- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 896.91		

Full Name (Last, First, Middle Initial) C. Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 6655 Bobby Jones Ct		Transaction ID: 70919.C32143	
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 62.14		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Operations	Payroll Deduction: (31.07- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 511.77		

SUBTOTAL of Receipts This Page (optional) ▶	328.76
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 20 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Jill A Rowison

Mailing Address Apt 818 777 7th St NW

City State Zip Code
Washington DC 20001

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Mgr, Federal Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 70919.C32163

Amount of Each Receipt this Period
38.46

Receipt

Payroll Deduction: (19.23- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Fredrick Ruda

Mailing Address 1316 Ashland Ave.

City State Zip Code
Wilmette IL 60091

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 70919.C32152

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /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 ▼
1525.41

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 70919.C32192

Amount of Each Receipt this Period
182.94

Receipt

Payroll Deduction: (91.47- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	261.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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. James K Saccaro		Date of Receipt MM / DD / YYYY 08 / 10 / 2007
Mailing Address Baxter Expatriate Admin PO Box 747		Transaction ID: 70919.C32202
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.88
Name of Employer Baxter World Trade Corporation	Occupation VP II, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 822.44	Payroll Deduction: (49.94- /Pay Period)

Full Name (Last, First, Middle Initial) B. David P Scharf		Date of Receipt MM / DD / YYYY 08 / 10 / 2007
Mailing Address 931 Oak Street		Transaction ID: 70919.C32190
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.84
Name of Employer Baxter International Inc.	Occupation CVP, Corporate Secretary	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 852.28	Payroll Deduction: (51.92- /Pay Period)

Full Name (Last, First, Middle Initial) C. Chandra Sekhar		Date of Receipt MM / DD / YYYY 08 / 10 / 2007
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 70919.C32123
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 106.64
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 ▼ 892.64	Payroll Deduction: (53.32- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	310.36
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 22 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John P Shannon		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 432 Utley		Transaction ID: 70919.C32179	
City State Zip Code Elmhurst IL 60126		Amount of Each Receipt this Period 46.33	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Marketing	Payroll Deduction: (46.33- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 729.04		

Full Name (Last, First, Middle Initial) B. John P Shannon		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address 432 Utley		Transaction ID: 70919.C32263	
City State Zip Code Elmhurst IL 60126		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Marketing	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 ▼ 779.04		

Full Name (Last, First, Middle Initial) C. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 1555 Stratford		Transaction ID: 70919.C32195	
City State Zip Code Deerfield IL 60015		Amount of Each Receipt this Period 24.26	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Communications	Payroll Deduction: (12.13- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.33		

SUBTOTAL of Receipts This Page (optional) ▶	120.59
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Donald Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 910 W Cypress Drive		Transaction ID: 70919.C32183	
City Arlington Heights	State IL	Zip Code 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 ▼ 680.00		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Daniel Tasse		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 95 Spring Street		Transaction ID: 70919.C32154	
City New Providence	State NJ	Zip Code 07974	Amount of Each Receipt this Period 216.34
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1822.21		
		Payroll Deduction: (108.1- 7/Pay Period)	

Full Name (Last, First, Middle Initial) C. Karenann Terrell		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 914 Queens Lanes		Transaction ID: 70919.C32193	
City Glenview	State IL	Zip Code 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 ▼ 3269.27		
		Payroll Deduction: (192.3- 1/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	680.96
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 24 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Asst General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1547.38

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32177

Amount of Each Receipt this Period
187.64

Receipt

Payroll Deduction: (93.82- /Pay Period)

B. 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
Baxter Healthcare Corporation

Occupation
CVP, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.06

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32182

Amount of Each Receipt this Period
269.24

Receipt

Payroll Deduction: (134.6- 2/Pay Period)

C. Full Name (Last, First, Middle Initial)
Deborah K Williams

Mailing Address 3805 Fenchurch Rd

City State Zip Code
Baltimore MD 21218

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Fed Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 10 / 2007

Transaction ID: 70919.C32164

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	556.88
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 25 / 25
	(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)
Vernon Williams

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Baxter IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 70919.C32172

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Subramania Yogendran

Mailing Address S Yogendran PO Box 747

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation VP II, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
686.64

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 70919.C32201

Amount of Each Receipt this Period
81.84

Receipt

Payroll Deduction: (40.92- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	181.84
TOTAL This Period (last page this line number only)	▶	8422.77