

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2007 through 05 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 03 07 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		43802.52
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	70931.50									
(c) Total Receipts (from Line 19)	9270.60	46399.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80202.10	90202.10								
7. Total Disbursements (from Line 31)	10000.00	20000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70202.10	70202.10								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

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	8826.68	38062.83
(i) Itemized (use Schedule A)	443.92	8336.75
(ii) Unitemized	9270.60	46399.58
(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)	9270.60	46399.58
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))	9270.60	46399.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9270.60	46399.58

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	20000.00
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))..	10000.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	20000.00

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)	9270.60	46399.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9270.60	46399.58
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 / 26
	<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 05 / 04 / 2007
	Mailing Address 110 W. Onwentsia Road	Transaction ID: 70618.C31578
	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 ▼ 1993.86	

B.	Full Name (Last, First, Middle Initial) Robert H Armstrong	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 133 Manchester Drive	Transaction ID: 70618.C31583
	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 Payroll Deduction: (50.00-/Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation VP, R & D Medical Devices	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Donald Baker	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 286 Whitworth	Transaction ID: 70618.C31602
	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 ▼ 617.92	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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		Date of Receipt 05 / 04 / 2007
	Mailing Address 5343 N Lakewood Avenue		Transaction ID: 70618.C31608
	City Chicago	State IL	Zip Code 60640
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Baxter International Inc.	Occupation CVP, Controller	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Payroll Deduction: (100.0-0/Pay Period)
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B.	Full Name (Last, First, Middle Initial) Sebastian Bufalino		Date of Receipt 05 / 04 / 2007
	Mailing Address 1091 Pine Meadow Ct		Transaction ID: 70618.C31620
	City Vernon Hills	State IL	Zip Code 60061
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.64
	Name of Employer Baxter International Inc.	Occupation VP, Audit	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.58	Payroll Deduction: (48.32-/Pay Period)
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C.	Full Name (Last, First, Middle Initial) Edward Conrad		Date of Receipt 05 / 04 / 2007
	Mailing Address 113 S Waverly Pl		Transaction ID: 70618.C31606
	City Mt Prospect	State IL	Zip Code 60056
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 122.40
	Name of Employer Baxter International Inc.	Occupation Dir, Tax	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 601.98	Payroll Deduction: (61.20-/Pay Period)
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SUBTOTAL of Receipts This Page (optional)	419.04
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 / 26
	<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 05 / 04 / 2007
	Mailing Address 717 North Maple Ave.		Transaction ID: 70618.C31599
	City Palatine	State IL	Zip Code 60067
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.86
Name of Employer Baxter Healthcare Corporation		Occupation VP, Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.08	Payroll Deduction: (93.93- /Pay Period)	

B.	Full Name (Last, First, Middle Initial) Margarita Cruz-casse		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address Violeta 153, San Francisco		Transaction ID: 70618.C31626
	City San Juan	State PR	Zip Code 00927
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.16
Name of Employer Baxter Healthcare Puerto Rico		Occupation Dir, Logistics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.20	Payroll Deduction: (41.58- /Pay Period)	

C.	Full Name (Last, First, Middle Initial) Robert M Davis		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 21515 Hummingbird Court		Transaction ID: 70618.C31609
	City Kildeer	State IL	Zip Code 60047
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 303.46
Name of Employer Baxter International Inc.		Occupation CVP, Chief Financial Officer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1371.90	Payroll Deduction: (151.7- 3/Pay Period)	

SUBTOTAL of Receipts This Page (optional)	▶	574.48
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 9 / 26
(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

<p>A. Full Name (Last, First, Middle Initial) Paul Estrem</p> <p>Mailing Address 325 Clarewood Circle</p> <p>City State Zip Code Grayslake IL 60030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baxter Healthcare Corporation</p> <p>Occupation VP II, Finance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 04 / 2007</p> <p>Transaction ID: 70618.C31576</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt</p> <p>Payroll Deduction: (50.00- /Pay Period)</p>
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<p>B. Full Name (Last, First, Middle Initial) Camille I Farhat</p> <p>Mailing Address 1052 Warrington Road</p> <p>City State Zip Code Deerfield IL 60015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baxter Healthcare Corporation</p> <p>Occupation General Manager IV</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 05 / 04 / 2007</p> <p>Transaction ID: 70618.C31584</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt</p> <p>Payroll Deduction: (50.00- /Pay Period)</p>
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<p>C. Full Name (Last, First, Middle Initial) Kevin Freeman</p> <p>Mailing Address 20982 Buffalo Run</p> <p>City State Zip Code Kildeer IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baxter International Inc.</p> <p>Occupation VP I, Finance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 610.29</p>	<p>Date of Receipt 05 / 04 / 2007</p> <p>Transaction ID: 70618.C31570</p> <p>Amount of Each Receipt this Period 126.36</p> <p>Receipt</p> <p>Payroll Deduction: (63.18- /Pay Period)</p>
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SUBTOTAL of Receipts This Page (optional)	326.36
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 10 / 26
(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)
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**

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, State Govt Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 614.38

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31586

Amount of Each Receipt this Period
127.20

Receipt
Payroll Deduction: (63.60- /Pay Period)

B. 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) ▼ 1423.06

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31556

Amount of Each Receipt this Period
292.30

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

C. 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) ▼ 2250.76

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31621

Amount of Each Receipt this Period
456.92

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

SUBTOTAL of Receipts This Page (optional) ► **876.42**

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 11 / 26
	<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) Lawrence Guiheen	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1653 Vista Oaks Way	Transaction ID: 70618.C31548
	City State Zip Code Westlake Vilage CA 91361	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation President V	Payroll Deduction: (35.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Worth Holder Jr	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 42 Jamestown Court	Transaction ID: 70618.C31617
	City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 88.90
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc.	Occupation VP II, Business Development	Payroll Deduction: (44.45- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.78	

C.	Full Name (Last, First, Middle Initial) Irene Jakimcius	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 2208 Wesley Ave.	Transaction ID: 70618.C31612
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 150.54
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	Payroll Deduction: (75.27- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 711.38	

SUBTOTAL of Receipts This Page (optional)	309.44
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 12 / 26
	<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) James Kamienski	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
	Mailing Address 6312 N Keating	Transaction ID: 70618.C31558
	City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 104.96
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (52.48- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.74	

B.	Full Name (Last, First, Middle Initial) Robert Keeley	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
	Mailing Address 22606 Bridle	Transaction ID: 70618.C31589
	City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 94.44
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (47.22- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.34	

C.	Full Name (Last, First, Middle Initial) Jane Kiernan	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7
	Mailing Address 525 W. Roscoe, #3W	Transaction ID: 70618.C31571
	City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (40.00- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 26
	<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	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1 Baxter Pkwy c/o Gerald Lema	Transaction ID: 70618.C31622
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 143.72
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (71.86- /Pay Period)
Name of Employer Baxter World Trade Corporation	Occupation Dir, Fed Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.82	

B.	Full Name (Last, First, Middle Initial) Edward A Langan	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 2001 Tower Drive #339	Transaction ID: 70618.C31546
	City State Zip Code Glenview IL 60026	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (75.00- /Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Susan R Lichtenstein	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1257 W Wrightwood Ave	Transaction ID: 70618.C31610
	City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 392.30
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (196.1- 5/Pay Period)
Name of Employer Baxter International Inc.	Occupation CVP, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1933.82	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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) Ronald K Lloyd	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1694 Falling Star Ave.	Transaction ID: 70618.C31574
	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Matthew Lykken	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 421 North Wheaton Ave	Transaction ID: 70618.C31619
	City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 106.20
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc.	Occupation VP, Tax	Payroll Deduction: (53.10- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 518.16	

C.	Full Name (Last, First, Middle Initial) Brian W Magerkurth	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 500 Deerfield Road	Transaction ID: 70618.C31580
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 114.96
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Global Supply Chain	Payroll Deduction: (57.48- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.48	

SUBTOTAL of Receipts This Page (optional)	321.16
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 / 26
	<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) Teresita Martinez-santini	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address A-1 Atenas St Repto Flamingo	Transaction ID: 70618.C31625
	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 Payroll Deduction: (45.77- /Pay Period)
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.94	

B.	Full Name (Last, First, Middle Initial) Jeanne K Mason	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1760 Duffy Lane	Transaction ID: 70618.C31615
	City State Zip Code Bannockburn IL 60015	Amount of Each Receipt this Period 319.24
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (159.6- 2/Pay Period)
Name of Employer Baxter International Inc.	Occupation CVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1573.12	

C.	Full Name (Last, First, Middle Initial) Kevin Mcculloch	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 730 Greenwood Avenue	Transaction ID: 70618.C31595
	City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 119.62
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (59.81- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Transition Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.38	

SUBTOTAL of Receipts This Page (optional)	530.40
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 16 / 26
	<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) Bruce McGillivray	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 151 Ridge Lane	Transaction ID: 70618.C31590
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 307.70
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President Renal	Payroll Deduction: (153.8- 5/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.58	

B.	Full Name (Last, First, Middle Initial) Frank Monteleone	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 4620 Forest Edge Lane	Transaction ID: 70618.C31597
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 92.30
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation Dir, IT	Payroll Deduction: (46.15- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.36	

C.	Full Name (Last, First, Middle Initial) Richard Moss	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 264 Leonard Wood South #207	Transaction ID: 70618.C31585
	City State Zip Code Highland Park IL 60035	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, Strategy & Bus Development	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 ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 17 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Timothy Murphy		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 14601 N Somerset Circle		Transaction ID: 70618.C31596
	City Libertyville	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.06
	Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.64	Payroll Deduction: (26.53- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Peter Omalley		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 791 Summit Avenue		Transaction ID: 70618.C31601
	City Lake Forest	State IL	Zip Code 60045
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Baxter Healthcare Corporation	Occupation VP/GM II	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	Payroll Deduction: (45.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Robert L Parkinson		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1332 Edgewood Lane		Transaction ID: 70618.C31618
	City Northbrook	State IL	Zip Code 60062
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1006.16
	Name of Employer Baxter International Inc.	Occupation Chairman & CEO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4864.64	Payroll Deduction: (503.0- 8/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1149.22
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 18 / 26
(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)
Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City Washington State DC Zip Code 20008

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 ▼ 800.00

Date of Receipt 05 / 04 / 2007

Transaction ID: 70618.C31581

Amount of Each Receipt this Period 160.00

Receipt

Payroll Deduction: (80.00- /Pay Period)

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

Mailing Address 5720 Shenandoah Avenue

City Los Angeles State CA Zip Code 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 ▼ 523.74

Date of Receipt 05 / 04 / 2007

Transaction ID: 70618.C31591

Amount of Each Receipt this Period 106.62

Receipt

Payroll Deduction: (53.31- /Pay Period)

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

Mailing Address 6655 Bobby Jones Ct

City Palmetto State FL Zip Code 34221

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.28

Date of Receipt 05 / 04 / 2007

Transaction ID: 70618.C31567

Amount of Each Receipt this Period 62.14

Receipt

Payroll Deduction: (31.07- /Pay Period)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Roibin Ryan		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1419 W Berteau		Transaction ID: 70618.C31613
	City Chicago	State IL	Zip Code 60613
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.94
	Name of Employer Baxter International Inc.	Occupation Deputy General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 885.12	Payroll Deduction: (91.47- /Pay Period)

B.	Full Name (Last, First, Middle Initial) James K Saccaro		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address Baxter Expat Admin PO Box 747		Transaction ID: 70618.C31624
	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 ▼ 472.86	Payroll Deduction: (49.94- /Pay Period)

C.	Full Name (Last, First, Middle Initial) David P Scharf		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 931 Oak Street		Transaction ID: 70618.C31611
	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 ▼ 488.84	Payroll Deduction: (51.92- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	386.66
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 20 / 26
	<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) Victor Schmitt	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 699 Bluff Road	Transaction ID: 70618.C31569
	City State Zip Code Lake Bluff IL 60044	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (38.50- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation Pres, Venture Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

B.	Full Name (Last, First, Middle Initial) Chandra Sekhar	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1621 Mission Hills Rd Unit 211	Transaction ID: 70618.C31547
	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 Payroll Deduction: (53.32- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.40	

C.	Full Name (Last, First, Middle Initial) John P Shannon	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 432 Utley	Transaction ID: 70618.C31600
	City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 92.66
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (46.33- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.06	

SUBTOTAL of Receipts This Page (optional)	▶	237.80
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 21 / 26
	<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) Donald Sullivan	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 910 W Cypress Drive	Transaction ID: 70618.C31604
	City State Zip Code Arlington Heights IL 60005	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc.	Occupation VP, Risk Management	Payroll Deduction: (40.00- /Pay Period)
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) Daniel Tasse	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 95 Spring Street	Transaction ID: 70618.C31579
	City State Zip Code New Providence NJ 07974	Amount of Each Receipt this Period 216.34
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation General Manager IV	Payroll Deduction: (108.1- 7/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1065.02	

C.	Full Name (Last, First, Middle Initial) Karenann Terrell	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 914 Queens Lanes	Transaction ID: 70618.C31614
	City State Zip Code Glenview IL 60025	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter International Inc.	Occupation CVP, Chief Information Officer	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 ▼ 1923.10	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 26
	<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	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 619 Oleander Drive	Transaction ID: 70618.C31598
	City State Zip Code Hallandale FL 33009	Amount of Each Receipt this Period 187.64
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Payroll Deduction: (93.82- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.64	

B.	Full Name (Last, First, Middle Initial) Cheryl White	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 4069 Mayfield Street	Transaction ID: 70618.C31603
	City State Zip Code Newbury Park CA 91320	Amount of Each Receipt this Period 269.24
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Quality	Payroll Deduction: (134.6- 2/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.72	

C.	Full Name (Last, First, Middle Initial) Vernon Williams	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 1601 Wyndham Court	Transaction ID: 70618.C31594
	City State Zip Code Santa Ana CA 92705	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter IT	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 ▼ 500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 26	
	(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"/> 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) Subramania Yogendran		Date of Receipt
	Mailing Address Baxter Expatriate Admin PO Box 747		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Baxter World Trade Corporation		Occupation VP II, Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.20"/>	
			Transaction ID: 70618.C31623
			Amount of Each Receipt this Period <input type="text" value="81.84"/>
			Receipt
			Payroll Deduction: (40.92- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="81.84"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8826.68"/>

**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) Kagen 4 Congress	Transaction ID: 70618.E770 Date of Disbursement 05 / 29 / 2007
	Mailing Address 100 W College Ave Ste 500	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54911-5749	
	Purpose of Disbursement	Category/Type
	Candidate Name DICK KAISER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirk for Congress	Transaction ID: 70618.E772 Date of Disbursement 05 / 29 / 2007
	Mailing Address 28 Green Bay Rd	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093-4006	
	Purpose of Disbursement	Category/Type
	Candidate Name MARK STEVEN KIRK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 70618.E776 Date of Disbursement 05 / 29 / 2007
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 1000.00
	City Little Rock State AR Zip Code 72203-3197	
	Purpose of Disbursement	Category/Type
	Candidate Name BLANCHE LAMBERT LINCOLN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 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)

PAGE 25 / 26

<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) Price for Congress	Transaction ID: 70618.E774 Date of Disbursement 05 / 29 / 2007
	Mailing Address PO Box 425	Amount of Each Disbursement this Period 1000.00
	City Roswell State GA Zip Code 30077-0425	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID PRICE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC 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) Mark Pryor for U.S. Senate Committee	Transaction ID: 70618.E771 Date of Disbursement 05 / 29 / 2007
	Mailing Address 420 C St NE	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002-5818	
	Purpose of Disbursement	Category/Type
	Candidate Name MARK LUNSFORD PRYOR	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Adam Schiff for Congress	Transaction ID: 70618.E777 Date of Disbursement 05 / 29 / 2007
	Mailing Address 35 S Raymond Ave	Amount of Each Disbursement this Period 1000.00
	City Pasadena State CA Zip Code 91105-3701	
	Purpose of Disbursement	Category/Type
	Candidate Name ADAM SCHIFF	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	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)
Volunteers for Shimkus

Transaction ID: 70618.E773
Date of Disbursement

Mailing Address 504 Sumner Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	7

City State Zip Code
Collinsville IL 62234-1934

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name
JOHN M SHIMKUS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: IL District: 19

B.

Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Transaction ID: 70618.E769
Date of Disbursement

Mailing Address PO Box 8331

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	7

City State Zip Code
Fremont CA 94537-8331

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name
PETE STARK

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CA District: 13

C.

Full Name (Last, First, Middle Initial)
Friends of Bennie Thompson

Transaction ID: 70618.E775
Date of Disbursement

Mailing Address PO Box 100

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	7

City State Zip Code
Bolton MS 39041-0100

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name
G. THOMPSON, BENNIE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: MS District: 02

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

10000.00
