

# 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 12 01 2007 through 12 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 01 24 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

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 .....	56318.89									
(c) Total Receipts (from Line 19) .....	10351.40	118067.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66670.29	161870.29								
7. Total Disbursements (from Line 31) .....	11500.00	106700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55170.29	55170.29								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

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	9285.85	105974.86
(i) Itemized (use Schedule A) .....	1065.55	12092.91
(ii) Unitemized .....	10351.40	118067.77
(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) .....	10351.40	118067.77
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)) .....	10351.40	118067.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10351.40	118067.77

**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.....	11000.00	98000.00
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.....	500.00	8700.00
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))..	11500.00	106700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	106700.00

**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) .....	10351.40	118067.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10351.40	118067.77
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: PAGE 6 / 34  
(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)  
Joy A Amundson  
Mailing Address 110 W. Onwentsia Road  
City Lake Forest State IL Zip Code 60045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation CVP, Pres BioScience  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00  
Date of Receipt 12 / 14 / 2007  
Transaction ID: 80111.C32932  
Amount of Each Receipt this Period 173.80  
Receipt  
Payroll Deduction: (173.80/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Robert H Armstrong  
Mailing Address 133 Manchester Drive  
City Waukesha State WI Zip Code 53188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, R & D Medical Devices  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1300.00  
Date of Receipt 12 / 14 / 2007  
Transaction ID: 80111.C32938  
Amount of Each Receipt this Period 100.00  
Receipt  
Payroll Deduction: (50.00/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Donald Baker  
Mailing Address 286 Whitworth  
City Thousand Oaks State CA Zip Code 91360  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP II, Quality  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1635.68  
Date of Receipt 12 / 14 / 2007  
Transaction ID: 80111.C32961  
Amount of Each Receipt this Period 127.22  
Receipt  
Payroll Deduction: (63.61/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... **401.02**  
**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 7 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J Baughman		Date of Receipt
	Mailing Address 5343 N Lakewood Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Chicago	IL	60640
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32968
Name of Employer Baxter International Inc.		Occupation CVP, Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	<input type="text"/> 200.00
			Receipt
			Payroll Deduction: (100.0-0/Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Edwin Betancourt-morales		Date of Receipt
	Mailing Address 101 N E 3rd Avenue, Ste 1600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Ft Lauderdale	FL	33301
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32985
Name of Employer Baxter Export Corporation		Occupation VP I, Manufacturing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 369.00	<input type="text"/> 82.00
			Receipt
			Payroll Deduction: (41.00-/Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Brown		Date of Receipt
	Mailing Address 7707 Wisconsin Ave #412		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32914
Name of Employer Baxter Healthcare Corporation		Occupation Plant Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 477.72	<input type="text"/> 106.16
			Receipt
			Payroll Deduction: (53.08-/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>388.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sebastian Bufalino	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 1091 Pine Meadow Ct	<b>Transaction ID:</b> 80111.C32981
	City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 96.64
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Baxter International Inc. VP, Audit	Payroll Deduction: (48.32- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1245.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna Campagna	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 30922 St Andrews Drive	<b>Transaction ID:</b> 80111.C32927
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Baxter Healthcare Corpora- tion VP, Baxter IT	Payroll Deduction: (20.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Campagna	Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 30922 St Andrews Drive	<b>Transaction ID:</b> 80111.C33017
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Occupation Baxter Healthcare Corpora- tion VP, Baxter IT	Payroll Deduction: (25.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>141.64</b>
<b>TOTAL</b> 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 / 34

(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)  
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 ▼ 1581.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 80111.C32965

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 ▼ 2389.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 80111.C32958

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 ▼ 1029.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: 80111.C32987

Amount of Each Receipt this Period

41.58

Receipt

Payroll Deduction: (41.58- /Pay Period )

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

351.84

**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: PAGE 10 / 34  
(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)  
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 ▼ 1075.33

Date of Receipt: 12 / 28 / 2007  
Transaction ID: 80111.C33083  
Amount of Each Receipt this Period: 45.43  
Receipt  
Payroll Deduction: (45.43 / Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Robert M Davis

Mailing Address 21515 Hummingbird Court

City State Zip Code  
Kildeer IL 60047

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

Name of Employer Occupation  
Baxter International Inc. CVP, Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3799.58

Date of Receipt: 12 / 14 / 2007  
Transaction ID: 80111.C32969  
Amount of Each Receipt this Period: 303.46  
Receipt  
Payroll Deduction: (151.7-3 / Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Scot Deaths

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code  
Saugus CA 91390

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

Name of Employer Occupation  
Baxter Healthcare Corporation Plant Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 474.46

Date of Receipt: 12 / 14 / 2007  
Transaction ID: 80111.C32946  
Amount of Each Receipt this Period: 67.78  
Receipt  
Payroll Deduction: (33.89- / Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **416.67**

**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 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Estrem	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 325 Clarewood Circle	<b>Transaction ID:</b> 80111.C32930
	City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Finance	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 ▼ 1300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Camille I Farhat	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 1052 Warrington Road	<b>Transaction ID:</b> 80111.C32940
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Freeman	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 20982 Buffalo Run	<b>Transaction ID:</b> 80111.C32966
	City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 63.18
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Baxter International Inc.	Occupation VP I, Finance	Payroll Deduction: (63.18- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1557.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>263.18</b>
<b>TOTAL</b> 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 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Freeman		Date of Receipt
	Mailing Address 20982 Buffalo Run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Kildeer	IL	60047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C33061
Name of Employer Baxter International Inc.		Occupation VP I, Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1582.99	<input type="text"/> 25.00
			Receipt
			Payroll Deduction: (25.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth Fuller		Date of Receipt
	Mailing Address 975 Seaboard Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Atlanta	GA	30318
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32951
Name of Employer Baxter Healthcare Corporation		Occupation Mgr I, State Govt Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.14	<input type="text"/> 17.42
			Receipt
			Payroll Deduction: (8.71- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Valery E Gallagher		Date of Receipt
	Mailing Address 14334 Spring Meadow Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Green Oaks	IL	60048
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32941
Name of Employer Baxter Healthcare Corporation		Occupation Dir, State Govt Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1631.98	<input type="text"/> 127.20
			Receipt
			Payroll Deduction: (63.60- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>169.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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)  
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  
Baxter Healthcare Corporation

Occupation  
CVP, Global Manufacturing Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3761.46

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2007

**Transaction ID:** 80111.C32912

Amount of Each Receipt this Period  
292.30

Receipt

Payroll Deduction: (146.1-5/Pay Period )

**B.**

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

Mailing Address 3775 Riverly Trace

City State Zip Code  
Marietta GA 30067

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP, Environ Health & Safety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
823.82

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2007

**Transaction ID:** 80111.C32939

Amount of Each Receipt this Period  
96.92

Receipt

Payroll Deduction: (48.46-/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  
Baxter Healthcare Corporation

Occupation  
President V

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910.00

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2007

**Transaction ID:** 80111.C32904

Amount of Each Receipt this Period  
70.00

Receipt

Payroll Deduction: (35.00-/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **459.22**

**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: (check only one)	PAGE 14 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew C Hayes	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 1620 Timber Woods Lane	<b>Transaction ID:</b> 80111.C32942
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 117.98
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (58.99- /Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.87	

<b>B.</b>	Full Name (Last, First, Middle Initial) Worth Holder Jr	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 42 Jamestown Court	<b>Transaction ID:</b> 80111.C32979
	City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 88.90
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (44.45- /Pay Period)
Name of Employer Baxter International Inc.	Occupation VP II, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.98	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Hombach	Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address 126 Homewood Avenue	<b>Transaction ID:</b> 80111.C33084
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Baxter International Inc.	Occupation CVP, Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.88</b>
<b>TOTAL</b> 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 / 34
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Hombach		Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 126 Homewood Avenue		Transaction ID: 80111.C33062
	City Libertyville	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter International Inc.	Occupation CVP, Treasurer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	Payroll Deduction: (25.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Irene Jakimcius		Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 2208 Wesley Ave.		Transaction ID: 80111.C32973
	City Evanston	State IL	Zip Code 60201
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1915.70	Payroll Deduction: (75.27- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) James Kamienski		Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 6312 N Keating		Transaction ID: 80111.C32913
	City Chicago	State IL	Zip Code 60646
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 104.96
	Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Manufacturing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1352.42	Payroll Deduction: (52.48- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 34  
(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)  
Robert Keeley

Mailing Address 22606 Bridle

City State Zip Code  
Kildeer IL 60047

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP II, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1216.86

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2007

**Transaction ID:** 80111.C32948

Amount of Each Receipt this Period  
94.44

Receipt

Payroll Deduction: (47.22- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Jane Kiernan

Mailing Address 525 W. Roscoe, #3W

City State Zip Code  
Chicago IL 60657

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
General Manager III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2007

**Transaction ID:** 80111.C32925

Amount of Each Receipt this Period  
80.00

Receipt

Payroll Deduction: (40.00- /Pay Period )

**C.**

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  
Baxter World Trade Corporation

Occupation  
Dir, Fed Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1852.58

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2007

**Transaction ID:** 80111.C32982

Amount of Each Receipt this Period  
143.72

Receipt

Payroll Deduction: (71.86- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **318.16**

**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 17 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward A Langan		Date of Receipt
	Mailing Address 1605 Highland Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32902
Name of Employer Baxter Healthcare Corporation		Occupation VP II, Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 1950.00	Receipt
			Payroll Deduction: (75.00- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan R Lichtenstein		Date of Receipt
	Mailing Address 1257 W Wrightwood Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Chicago	IL	60614
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32970
Name of Employer Baxter International Inc.		Occupation CVP, General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 196.15
		<input type="text"/> 4876.07	Receipt
			Payroll Deduction: (196.1- 5/Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan R Lichtenstein		Date of Receipt
	Mailing Address 1257 W Wrightwood Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Chicago	IL	60614
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C33065
Name of Employer Baxter International Inc.		Occupation CVP, General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 123.93
		<input type="text"/> 5000.00	Receipt
			Payroll Deduction: (123.9- 3/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 470.08
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 34  
(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)  
Raymond Linder Jr  
 Mailing Address 246 Montclair Road  
 City State Zip Code  
 Vernon Hills IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corpora- VP II, HR  
 tion  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 746.20  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7  
**Transaction ID:** 80111.C32929  
 Amount of Each Receipt this Period  
 74.62  
 Receipt  
 Payroll Deduction: (37.31- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Ronald K Lloyd  
 Mailing Address 1694 Falling Star Ave.  
 City State Zip Code  
 Westlake Village CA 91362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corpora- General Manager IV  
 tion  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7  
**Transaction ID:** 80111.C32928  
 Amount of Each Receipt this Period  
 100.00  
 Receipt  
 Payroll Deduction: (50.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Matthew Lykken  
 Mailing Address 421 North Wheaton Ave  
 City State Zip Code  
 Wheaton IL 60187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. VP, Tax  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1427.43  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7  
**Transaction ID:** 80111.C32980  
 Amount of Each Receipt this Period  
 115.38  
 Receipt  
 Payroll Deduction: (57.69- /Pay Period )

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34  
(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)  
Brian W Magerkurth  
Mailing Address 4218 Third Street Lane NW

City State Zip Code  
Hickory NC 28601

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP II, Global Supply Chain

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1481.16

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32935  
 Amount of Each Receipt this Period: 114.96  
 Receipt  
 Payroll Deduction: (57.48- /Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Brian W Magerkurth  
Mailing Address 4218 Third Street Lane NW

City State Zip Code  
Hickory NC 28601

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP II, Global Supply Chain

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2481.16

Date of Receipt: 12 / 17 / 2007  
**Transaction ID:** 80111.C32897  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Michael Martin  
Mailing Address 546 Lochwood Dr

City State Zip Code  
Crystal Lake IL 60012

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP I, Mfg Strategic Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 946.79

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32918  
 Amount of Each Receipt this Period: 145.66  
 Receipt  
 Payroll Deduction: (72.83- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.62

**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 20 / 34  
(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)  
Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code  
Bayamon PR 00959

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

Name of Employer Occupation  
Baxter Healthcare Puerto Rico Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1181.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** 80111.C32986

Amount of Each Receipt this Period  
91.54

Receipt

Payroll Deduction: (45.77- /Pay Period )

**B.** 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 ▼ 4127.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** 80111.C32976

Amount of Each Receipt this Period  
319.24

Receipt

Payroll Deduction: (159.6- 2/Pay Period )

**C.** 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 ▼ 1542.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** 80111.C32953

Amount of Each Receipt this Period  
119.62

Receipt

Payroll Deduction: (59.81- /Pay Period )

**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 21 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce McGillivray	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 151 Ridge Lane	<b>Transaction ID:</b> 80111.C32949
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 307.70
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (153.8-5/Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President Renal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3923.18	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Monteleone	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 4620 Forest Edge Lane	<b>Transaction ID:</b> 80111.C32955
	City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 92.30
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (46.15- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation Dir, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1315.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara Morris	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 924 N. Saratoga Dr.	<b>Transaction ID:</b> 80111.C32919
	City State Zip Code Palatine IL 60074	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (10.00- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation VP II, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</b>
<b>TOTAL</b> 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 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy Murphy	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 14601 N Somerset Circle	<b>Transaction ID:</b> 80111.C32954
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 53.06
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (26.53- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 677.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Omalley	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 791 Summit Avenue	<b>Transaction ID:</b> 80111.C32960
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (45.00- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation VP/GM II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carla Pittman	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 5720 Shenandoah Avenue	<b>Transaction ID:</b> 80111.C32950
	City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 106.62
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (53.31- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1376.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.68</b>
<b>TOTAL</b> 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 23 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Virginia Pringle	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	Mailing Address 6655 Bobby Jones Ct	<b>Transaction ID:</b> 80111.C32923
	City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 62.14
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 791.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) David H Resnicoff	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	Mailing Address 926 Valley Road	<b>Transaction ID:</b> 80111.C32977
	City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 105.34
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	Payroll Deduction: (52.67- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.03	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Rohrbach	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	Mailing Address 10 Hawkes Court	<b>Transaction ID:</b> 80111.C32947
	City State Zip Code Bridgewater NJ 08807	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Quality	Payroll Deduction: (10.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.48</b>
<b>TOTAL</b> 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 24 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jill A Rowison	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address Apt 818 777 7th St NW	<b>Transaction ID:</b> 80111.C32943
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (19.23- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Federal Govt Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) Fredrick Ruda	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 1316 Ashland Ave.	<b>Transaction ID:</b> 80111.C32931
	City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Russo	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 27928 Periwinkle Lane	<b>Transaction ID:</b> 80111.C32956
	City State Zip Code Valencia CA 91354	Amount of Each Receipt this Period 58.06
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (29.03- /Pay Period )
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Envir Health & Safety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.39	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.52</b>
<b>TOTAL</b> 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 25 / 34  
(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)  
Roibin Ryan  
Mailing Address 1419 W Berteau  
City Chicago State IL Zip Code 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 ▼ 2348.64  
Date of Receipt 12 / 14 / 2007  
Transaction ID: 80111.C32974  
Amount of Each Receipt this Period 182.94  
Receipt  
Payroll Deduction: (91.47- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
James K Saccaro  
Mailing Address Baxter Expat Admin PO Box 747  
City Deerfield State IL Zip Code 60015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter World Trade Corporation Occupation VP II, Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1271.90  
Date of Receipt 12 / 14 / 2007  
Transaction ID: 80111.C32984  
Amount of Each Receipt this Period 99.88  
Receipt  
Payroll Deduction: (49.94- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
David P Scharf  
Mailing Address 931 Oak Street  
City Winnetka State IL Zip Code 60093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation CVP, Corporate Secretary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1319.56  
Date of Receipt 12 / 14 / 2007  
Transaction ID: 80111.C32971  
Amount of Each Receipt this Period 103.84  
Receipt  
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: PAGE 26 / 34  
(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)  
Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
Northbrook IL 60062

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP II, Mfg Strategic Planning

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1372.52

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32903  
 Amount of Each Receipt this Period: 106.64  
 Receipt  
 Payroll Deduction: (53.32- /Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
John P Shannon

Mailing Address 432 Utley

City State Zip Code  
Elmhurst IL 60126

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP II, Marketing

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1229.04

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32959  
 Amount of Each Receipt this Period: 100.00  
 Receipt  
 Payroll Deduction: (50.00- /Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Lori E Sims

Mailing Address 46 Hubbard Street

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: Mgr I, State Govt Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.65

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32945  
 Amount of Each Receipt this Period: 42.30  
 Receipt  
 Payroll Deduction: (21.15- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **248.94**

**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 27 / 34
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Spak		Date of Receipt
	Mailing Address 1555 Stratford		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32978
Name of Employer Baxter International Inc.		Occupation Dir, Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50	<input type="text"/> 24.26
			Receipt
			Payroll Deduction: (12.13- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Sullivan		Date of Receipt
	Mailing Address 910 W Cypress Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Arlington Heights	IL	60005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32963
Name of Employer Baxter International Inc.		Occupation VP, Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	<input type="text"/> 80.00
			Receipt
			Payroll Deduction: (40.00- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Tasse		Date of Receipt
	Mailing Address 95 Spring Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	New Providence	NJ	07974
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80111.C32933
Name of Employer Baxter Healthcare Corporation		Occupation General Manager IV	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2795.74	<input type="text"/> 216.34
			Receipt
			Payroll Deduction: (108.1- 7/Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 320.60
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 34  
(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)  
Karenann Terrell  
 Mailing Address 914 Queens Lanes  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. CVP, Chief Information Officer  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 4807.75  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7  
**Transaction ID:** 80111.C32975  
 Amount of Each Receipt this Period  
 192.31  
 Receipt  
 Payroll Deduction: (192.3-1/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Karenann Terrell  
 Mailing Address 914 Queens Lanes  
 City State Zip Code  
 Glenview IL 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. CVP, Chief Information Officer  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 7  
**Transaction ID:** 80111.C33070  
 Amount of Each Receipt this Period  
 192.25  
 Receipt  
 Payroll Deduction: (192.2-5/Pay Period )

**C.** 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 Occupation  
 Baxter Healthcare Corpora-tion Asst General Counsel  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2391.76  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7  
**Transaction ID:** 80111.C32957  
 Amount of Each Receipt this Period  
 187.64  
 Receipt  
 Payroll Deduction: (93.82-/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **572.20**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 29 / 34  
(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)  
Kenneth R Webb

Mailing Address 31385 W. Somerset Circle

City State Zip Code  
Green Oaks IL 60048

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP, Customer Svc & E-Commerce

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32937  
 Amount of Each Receipt this Period: 10.00  
 Receipt  
 Payroll Deduction: (10.00- /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 ▼ 3461.64

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32962  
 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 ▼ 700.00

Date of Receipt: 12 / 14 / 2007  
**Transaction ID:** 80111.C32944  
 Amount of Each Receipt this Period: 100.00  
 Receipt  
 Payroll Deduction: (50.00- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **379.24**

**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 30 / 34  
(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)  
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 Corpora- VP, Baxter IT  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** 80111.C32952

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 Corpora- VP II, Finance  
ation

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1071.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** 80111.C32983

Amount of Each Receipt this Period  
86.54

Receipt

Payroll Deduction: (43.27- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 186.54

**TOTAL** This Period (last page this line number only) ..... ► 9285.85

# 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) The Freedom Project	Transaction ID: 80111.E841 Date of Disbursement 12 / 30 / 2007
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22301-1015	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other 2007	

B.	Full Name (Last, First, Middle Initial) Brady for Congress	Transaction ID: 80122.E844 Date of Disbursement 12 / 18 / 2007
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301-	
	Purpose of Disbursement	Category/Type
	Candidate Name KEVIN BRADY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 08	

C.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: 80111.E837 Date of Disbursement 12 / 18 / 2007
	Mailing Address PO Box 423	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640-	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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) Campbell for Congress	Transaction ID: 80111.E840 Date of Disbursement 12 / 18 / 2007
	Mailing Address PO Box 1605	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22313-	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN B. CAMPBELL, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Davis for Congress	Transaction ID: 80111.E838 Date of Disbursement 12 / 18 / 2007
	Mailing Address PO Box 2824	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013-2842	
	Purpose of Disbursement	Category/Type
	Candidate Name DANNY K DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hooley for Congress	Transaction ID: 80122.E843 Date of Disbursement 12 / 18 / 2007
	Mailing Address PO Box 2050	Amount of Each Disbursement this Period 1000.00
	City Salem State OR Zip Code 97308-	
	Purpose of Disbursement	Category/Type
	Candidate Name DARLENE HOOLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

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<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) Kind for Congress	Transaction ID: 80111.E839 Date of Disbursement
	Mailing Address 38 Ivy St	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name RON KIND	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: 80122.E842 Date of Disbursement
	Mailing Address 5575 Manhattanville Station	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New York State NY Zip Code 10027-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name CHARLES B RANGEL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ken Salazar	Transaction ID: 80111.E836 Date of Disbursement
	Mailing Address 422 C Street, NE Lower Level	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name KEN SALAZAR	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="11000.00"/>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)  
Jim Jackson Campaign

Transaction ID: 80111.E835

Date of Disbursement

Mailing Address 1120 Metrocrest Drive #107

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

City State Zip Code  
Carrollton TX 75011-

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
TX STATE HOUSE/DISTRICT 115

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

500.00
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TOTAL This Period (last page this line number only) ..... ►

500.00
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