REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 16 AM 11:32

1. NAME OF COMMITTEE (in full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) [X] Check if different than previously reported
600 Connecticut Ave Suite 1100

2. FEC IDENTIFICATION NUMBER
C00117838

CITY, STATE, and ZIP CODE
Washington DC 20006

3. [X] This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid-Year Report (Non-election Year Only)

[ ] Termination report

Monthly Report Due On:

[X] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

[ ] Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

[ ] Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment [ ] YES [X] NO

SUMMARY 5. Covering Period 01/01/2000 through 01/31/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		32088.88
(b) Cash on Hand at Beginning of Reporting Period	32088.88	
(c) Total Receipts (from line 19)	4582.10	4582.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36670.98	36670.98
7. Total Disbursements (from line 30)	1770.50	1770.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34900.48	34900.48
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 Gregg

Signature of Treasurer
Sarah M Gregg

Date
02/15/2000

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

FEC FORM 3X
(revised 9/93)

4-00178

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD
FROM 01/01/2000 TO: 01/31/2000

I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	718.46	718.46	11.a.i.
ii. Unitemized	3863.64	3863.64	11.a.ii.
iii. Total (add i and ii)→	4582.10	4582.10	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)→	4582.10	4582.10	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)→	4582.10	4582.10	19.
20. Total Federal Receipts (subtract line 18 from line 19)→	4582.10	4582.10	20.

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	20.50	20.50	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)→	20.50	20.50	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1750.00	1750.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)→	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)→	1770.50	1770.50	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)→	1770.50	1770.50	31.

III. Net Contributions / Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	4582.10	4582.10	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	4582.10	4582.10	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)→	20.50	20.50	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)→	20.50	20.50	37.

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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 CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian P Anderson 1703 Violet Court Highland Park IL 60035 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Baxter International Inc. Occupation: SVP/CFO Aggregate Year-to-Date > $ 240.00	01/01/2000	240.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Sabatino, Jr. 805 E Westminster Lake Forest IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Baxter International Inc. Occupation: CVP & General Counsel Aggregate Year-to-Date > $ 248.46	01/01/2000	248.46
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Tucker 1051 West Inverleith Rd Lake Forest IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Baxter International Inc. Occupation: Sr VP HR - Bil Aggregate Year-to-Date > $ 230.00	01/01/2000	230.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	718.46

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 4 FOR LINE NUMBER 28

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NAME OF COMMITTEE (In Full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIST 2000 INC 4205 HILLSBORO ROAD SUITE 306 NASHVILLE TN 37215	(Senate - TN - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	01/28/2000	1000.00
Full Name, Mailing Address, and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DOOLEY FOR CONGRESS PO BOX 1367 VISALIA CA 93279	(House - CA - 20) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	01/31/2000	750.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	1750.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 2-16-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 2-16-00

(4/98)