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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Baxter Healthcare Corporation Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported.
800 Conn. Ave NW Suite 1100

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C00117838

3. [X] This committee qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

[X] 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:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12 Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on
_____ in the State of _____

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 04/01/1998 through 06/30/1998		
6. (a)	Cash on Hand January 1, 20 98		$13,975.97
(b)	Cash on Hand at Beginning of Reporting Period	$30,295.49	
(c)	Total Receipts (from Line 19)	$15,219.89	$46,889.41
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$45,515.38	$60,865.38
7.	Total Disbursements (from Line 30)	$7,400.00	$22,750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$38,115.38	$38,115.38
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 202-694-1100

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 M. Gregg

Signature of Treasurer: Sarah M Gregg

Date: 10/17/00

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

FEC FORM 3X
(Revised 9/93)

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 04/01/1998 TO: 06/30/1998

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	$12,795.04	$40,447.92	11(a)(i)
ii. Unitemized	$2,424.85	$6,441.49	11(a)(ii)
iii. Total (add i and ii)	$15,219.89	$46,889.41	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)	$15,219.89	$46,889.41	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)	$15,219.89	$46,889.41	19
20. Total Federal Receipts (subtract line 18 from line 19)	$15,219.89	$46,889.41	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	$0.00	$0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$0.00	$0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$7,400.00	$22,750.00	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 Schedule 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 Contribution 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)	$7,400.00	$22,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	$7,400.00	$22,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$15,219.89	$46,889.41	32
33. Total Contribution Refunds (from line 28d)	$0.00	$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$15,219.89	$46,889.41	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	$0.00	$0.00	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	$0.00	$0.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 11(a)(i)

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Brian P Anderson 1703 Violet Court Highland Park, IL 60035 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. SVP/CFO Aggregate Year-to-Date -> 1,370.00	Payroll Deduction: (120.00/pay period)	840.00
B. James H Austin Jr 1271 Deerfield Parkway Buffalo Grove, IL 60089- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Vice President Aggregate Year-to-Date -> 240.00	Payroll Deduction: (40.00/pay period)	240.00
C. David V Bacsbowski 33136 Lakeshore Drive Wildwood, IL 60030 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP, Research Aggregate Year-to-Date -> 220.00	Payroll Deduction: (20.00/pay period)	140.00
D. Mary L Baker 30 Vienna Street Laguna Niguel, CA 92677- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP, Compensation & Benefits Aggregate Year-to-Date -> 600.00	Payroll Deduction: (50.00/pay period)	350.00
E. Claudia J Becker 12702 NW 20th St Pembroke Pines, FL 33028 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Export Corporation Dir, Quality Aggregate Year-to-Date -> 440.00	Payroll Deduction: (40.00/pay period)	280.00
F. Anita Bessler 25721 Dillon Laguna Hills, CA 92653- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Prea, CV Surgery Aggregate Year-to-Date -> 550.00	Payroll Deduction: (50.00/pay period)	350.00
G. William R Blackburn 1647 Rfd Barnay Lane Long Grove, IL 60047 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. VP, Corp Environmental Affairs Aggregate Year-to-Date -> 302.00	Payroll Deduction: (25.00/pay period)	175.00

SUBTOTAL of Receipts This Page (optional)	$2,375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Laura M Brooks 13383 Via Alicante Tustin, CA 92782- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP, Communications Aggregate Year-to-Date -> 423.06	Payroll Deduction: (38.46/pay period)	269.22
B. Gary Carraway 1105 Waterbrook Ln Weston, FL 33326- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Former Vice President Aggregate Year-to-Date -> 360.00	Payroll Deduction: (40.00/pay period)	280.00
C. Jill M Carter 1489 S Heritage Court Lake Forest, IL 60045- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. VP, Corporate Communications Aggregate Year-to-Date -> 300.00	Payroll Deduction: (25.00/pay period)	175.00
D. Robert J Cossey Rt 5 Box 155 Marion, NC 28752 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Quality Aggregate Year-to-Date -> 1,030.00	05/05/1998	1,000.00
E. Robert J Cossey Rt 5 Box 155 Marion, NC 28752 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Quality Aggregate Year-to-Date -> 1,065.00	Payroll Deduction: (5.00/pay period)	35.00
F. Margaret Foss 2254 Carlyle Ct Buffalo Grove, IL 60089 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Quality Aggregate Year-to-Date -> 400.00	Payroll Deduction: (40.00/pay period)	280.00
G. John F Gaither Jr 501 Rockefeller Lake Forest, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. CVP, Corp Devl/Strategy Aggregate Year-to-Date -> 730.00	Payroll Deduction: (60.00/pay period)	420.00

SUBTOTAL of Receipts This Page (optional)	$2,459.22
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James M Gatling 3704 Lindsay Ln Crystal Lake, IL 60014 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Corp VP	Payroll Deduction: (2.00/pay period) Aggregate Year-to-Date -> 2,026.00	14.00
B. Javier Honao PO Box 747 Deerfield, IL 60015- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Vice President	Payroll Deduction: (38.46/pay period) Aggregate Year-to-Date -> 499.98	269.22
C. Steven E Kane 2452 N Janssen Chicago, IL 60614- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Vice President	Payroll Deduction: (40.00/pay period) Aggregate Year-to-Date -> 340.00	280.00
D. John H Kehl Jr. 24891 Village Wood Lane Lake Forest, CA 92630- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Bus Plng & Dev	Payroll Deduction: (25.00/pay period) Aggregate Year-to-Date -> 285.00	175.00
E. Vernon R Loucks Jr. 203 N Greenbay Rd Lake Forest, IL 60045- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. Chairman & CEO	Payroll Deduction: (192.30/pay period) Aggregate Year to Date -> 2,222.22	1,346.10
F. Leo Martis 5501 Oldwood Gauvk Box 5524 Rtd Long Grove, IL 60047 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP, Research	Payroll Deduction: (25.00/pay period) Aggregate Year-to-Date -> 300.00	175.88
G. Richard A McWhorter 3706 Great Hill Rd Crystal Lake, IL 60012 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Manufacturing	Payroll Deduction: (40.00/pay period) Aggregate Year-to-Date -> 444.00	280.00

SUBTOTAL of Receipts This Page (optional)	$2,539.32
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 0 OF F

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)
Baxter Healthcare Corporation Political Action Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David C McKee 228 Surrey Lane Lake Forest, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. VP, Deputy General Counsel Aggregate Year-to-Date -> 867.00	Payroll Deduction: (77.00/pay period)	539.00
B. Richard L Miller 2725 Obelisco Court Carlsbad, CA 92009- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Prem, Critical Care Aggregate Year-to-Date -> 489.00	Payroll Deduction: (39.00/pay period)	273.00
C. Sally Miltenberger 12 Mulberry Dr Lake Zurich, IL 60047- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Vice President Aggregate Year-to-Date -> 495.00	Payroll Deduction: (45.00/pay period)	315.00
D. Michael A Mussallem 770 E Woodland Rd Lake Forest, IL 60045- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Group VP - BHC Aggregate Year-to-Date -> 3,130.00	Payroll Deduction: (10.00/pay period)	70.00
E. Richard D Newman 633 Bent Creek Ridge Deerfield, IL 60015- Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP, Scientific Affairs Aggregate Year-to-Date -> 1,000.00	09/06/1998	1,000.00
F. Dennis R Dwzaraski 33659 N Fischer Dr Ingleside, IL 60041 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. Dir, Tax Aggregate Year-to-Date -> 200.00	Payroll Deduction: (40.00/pay period)	200.00
G. David K Pierce 4110 Jody Court Rolling Meadows, IL 60008 Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation General Manager II Aggregate Year-to-Date -> 240.00	Payroll Deduction: (120.00/pay period)	140.00

SUBTOTAL of Receipts This Page (optional)	$2,617.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John L Quick 166 Buckley Road Barrington Hills, IL 60010 Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. CVP, Quality	Payroll Deduction: (80.00/pay period)	560.00
	Aggregate Year-to-Date ->	960.00	
B. William L Rice 3502 Crystal Lane Davie, FL 33330 Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Finance	Payroll Deduction: (40.00/pay period)	280.00
	Aggregate Year-to-Date ->	360.00	
C. Victor W Schmitt 714 Birch Road Lake Bluff, IL 60044 Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation Pres, Venture Management	Payroll Deduction: (38.50/pay period)	269.50
	Aggregate Year-to-Date ->	385.00	
D. A. Gerard Sieck 126 Wisner St Park Ridge, IL 60068- Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. Vice President	Payroll Deduction: (40.00/pay period)	280.00
	Aggregate Year-to-Date ->	520.00	
E. Donald J Sullivan 910 W Cypress Drive Arlington Heights, IL 60005 Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. VP, Risk Management	Payroll Deduction: (40.00/pay period)	280.00
	Aggregate Year-to-Date ->	400.00	
F. Michael J Tucker 1051 West Inverleith Rd Lake Forest, IL 60045 Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter International Inc. Sr VP HR - BTI	Payroll Deduction: (115.00/pay period)	575.00
	Aggregate Year-to-Date ->	575.00	
G. Joel A Tuna 42418 N Center St Antioch, IL 60002- Receipt For: Primary ☐ General ☐ Other (specify) Primary	Baxter Healthcare Corporation VP II, Bus Plng & Dev	Payroll Deduction: (40.00/pay period)	280.00
	Aggregate Year-to-Date ->	440.00	

SUBTOTAL of Receipts This Page (optional)	$2,524.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory P Young 227 S. Kennicott Arlington Heights, IL 60005	Baxter Healthcare Corporation		280.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) Primary	Occupation: President V	Payroll Deduction: (40.00/pay period)	
	Aggregate Year-to-Date ->	480.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	$280.00
TOTAL This Period (last page this line number only)	$12,795.04

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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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 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/26/1998	1,000.00
David Martin McIntosh 1401 West University Muncie, IN 47303-	House IN 02 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/20/1998	500.00
Jerry Weller For Congress 4451 Brookfield Corporate Dr Chantilly, VA 20151-	House IL 11 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/26/1998	500.00
Porter For Congress 1920 East Capitol Avenue #205 Bismarck, ND 58501-	House IL 10 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/08/1998	900.00
Taylor for Congress PO Box 2355 Asheville, NC 28802-	House NC 11 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/20/1998	500.00
Carol Moseley-Braun for US Senate 236 Massachusetts Ave NE #202 Washington, DC 20002-	Senate IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/20/1998	1,000.00
The Committee to Re-elect Loretta Sanche 12553 S Harbor Blvd Garden Grove, CA 92840-	House CA 46 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	04/20/1998	500.00

SUBTOTAL of Disbursements This Page (optional)	$4,900.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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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
Mikulski for Senate 711 W 40th St Ste 450 Baltimore, MD 21211-	Maryland Senate Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	04/20/1998	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hastert for Congree Committee 6344 Cavalier Corridor Falls Church, VA 22044-	House IL 14 Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	04/23/1998	500.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCain for Senate 1130 E Missouri #112 Phoenix, AZ 85014-	Senate AZ Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	05/26/1998	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	$7,400.00

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 10-24-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

J. G.
PREPARER

10-24-00
DATE PREPARED

(6/2000)