

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 07 01 2006 through 07 31 2006

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 11 27 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		43542.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	46022.42									
(c) Total Receipts (from Line 19)	8242.63	48812.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54265.05	92355.05								
7. Total Disbursements (from Line 31)	9000.00	47000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45265.05	45355.05								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	7140.96	47710.65
(i) Itemized (use Schedule A)	1101.67	1101.67
(ii) Unitemized	8242.63	48812.32
(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)	8242.63	48812.32
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))	8242.63	48812.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8242.63	48812.32

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.....	9000.00	47000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9000.00	47000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9000.00	47000.00

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)	8242.63	48812.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8242.63	48812.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Joy A Amundson		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 110 W. Onwentsia Road		Transaction ID: 60905.C30015	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 390.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Pres BioScience		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2905.60		
		Payroll Deduction: (195.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Peter Arduini		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 476 Lac La Belle Drive		Transaction ID: 60810.C29704	
City State Zip Code Oconomowoc WI 53066	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Michael J Baughman		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 5343 N Lakewood Avenue		Transaction ID: 60905.C30034	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		
		Payroll Deduction: (100.0-0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	3090.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 30922 St Andrews Drive

City State Zip Code
Libertyville IL 60048

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 60905.C30013

Amount of Each Receipt this Period
40.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 882.03

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 60905.C30032

Amount of Each Receipt this Period
119.06

Receipt

Payroll Deduction: (59.53- /Pay Period)

C. 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- VP, Government Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1113.60

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 60905.C30028

Amount of Each Receipt this Period
151.36

Receipt

Payroll Deduction: (75.68- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	310.42
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Margarita Cruz-casse		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address Violeta 153, San Francisco		Transaction ID: 60905.C30043	
City State Zip Code San Juan PR 00927	Amount of Each Receipt this Period 79.96		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Logistics	Payroll Deduction: (39.98- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 584.04		

Full Name (Last, First, Middle Initial) B. Robert M Davis		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 21515 Hummingbird Court		Transaction ID: 60905.C30035	
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 230.76		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer	Payroll Deduction: (115.3- 8/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1178.35		

Full Name (Last, First, Middle Initial) C. Kevin Freeman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 832 Foxmoor Lane		Transaction ID: 60905.C30011	
City State Zip Code Lake Zurich IL 60047	Amount of Each Receipt this Period 106.44		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP I, Finance	Payroll Deduction: (53.22- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.66		

SUBTOTAL of Receipts This Page (optional) ▶	417.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Gatling		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 3704 Lindsay Ln		Transaction ID: 60905.C29993
City Crystal Lake	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 273.08
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Global Manufacturing Ops	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1957.32	Payroll Deduction: (136.5-4/Pay Period)

Full Name (Last, First, Middle Initial) B. John Greisch		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 2636 Chesapeake Lane		Transaction ID: 60905.C30040
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 440.00
Name of Employer Baxter International Inc.	Occupation CVP, President - International	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3220.00	Payroll Deduction: (220.0-0/Pay Period)

Full Name (Last, First, Middle Initial) C. Lawrence Guiheen		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1653 Vista Oaks Way		Transaction ID: 60905.C29984
City Westlake Vilage	State CA	Zip Code 91361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Baxter Healthcare Corporation	Occupation President V	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	Payroll Deduction: (35.00-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	783.08
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Kamienski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address 6312 N Keating		Transaction ID: 60905.C29996
City Chicago	State IL	Zip Code 60646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.94
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Manufacturing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 746.79	Payroll Deduction: (50.47- /Pay Period)

Full Name (Last, First, Middle Initial) B. Susan R Lichtenstein		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 60905.C30036
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 378.46
Name of Employer Baxter International Inc.	Occupation CVP, General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2812.29	Payroll Deduction: (189.2- 3/Pay Period)

Full Name (Last, First, Middle Initial) C. Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address 421 North Wheaton Ave		Transaction ID: 60905.C30039
City Wheaton	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 101.92
Name of Employer Baxter International Inc.	Occupation VP, Tax	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 607.05	Payroll Deduction: (50.96- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	581.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Corpora-
tion

Occupation
VP II, Global Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.86

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 60905.C30016

Amount of Each Receipt this Period
110.52

Receipt

Payroll Deduction: (55.26-
/Pay Period)

B. 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
Baxter Healthcare Puerto
Rico

Occupation
Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.05

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 60905.C30042

Amount of Each Receipt this Period
88.62

Receipt

Payroll Deduction: (44.31-
/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
Baxter Healthcare Corpora-
tion

Occupation
General Manager III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
775.92

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: 60905.C30024

Amount of Each Receipt this Period
105.76

Receipt

Payroll Deduction: (52.88-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)	304.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bruce McGillivray		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 151 Ridge Lane		Transaction ID: 60905.C30020	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 269.24		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President Renal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.82		
Payroll Deduction: (134.6-2/Pay Period)			

Full Name (Last, First, Middle Initial) B. Frank Monteleone		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 4620 Forest Edge Lane		Transaction ID: 60905.C30026	
City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 130.92		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 968.64		
Payroll Deduction: (65.46-/Pay Period)			

Full Name (Last, First, Middle Initial) C. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 14601 N Somerset Circle		Transaction ID: 60905.C30025	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 323.17		
Payroll Deduction: (22.50-/Pay Period)			

SUBTOTAL of Receipts This Page (optional) ▶	445.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Peter Omalley		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 563 Greenway Drive		Transaction ID: 60905.C30029	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP/GM II	Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) B. Shannon W. Penberthy		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 3214 Porter Street, NW		Transaction ID: 60905.C30017	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Govt Aff & Public Policy	Payroll Deduction: (80.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. Carla Pittman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 5720 Shenandoah Avenue		Transaction ID: 60905.C30021	
City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 103.50		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	Payroll Deduction: (51.75- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.05		

SUBTOTAL of Receipts This Page (optional) ▶	353.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 341 3rd Street West		Transaction ID: 60905.C30006	
City State Zip Code Tierra Verde FL 33715	Amount of Each Receipt this Period 57.46		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Operations	Payroll Deduction: (28.73- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.51		

Full Name (Last, First, Middle Initial) B. David P Scharf		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 931 Oak Street		Transaction ID: 60905.C30037	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 88.66		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Corporate Secretary	Payroll Deduction: (44.33- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 513.50		

Full Name (Last, First, Middle Initial) C. Michael Schiffer		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 33741 Shackleton Isle		Transaction ID: 60905.C30014	
City State Zip Code Monarch Beach CA 92629	Amount of Each Receipt this Period 139.50		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Assoc General Counsel	Payroll Deduction: (69.75- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1032.09		

SUBTOTAL of Receipts This Page (optional) ▶	285.62
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Victor Schmitt		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 699 Bluff Road		Transaction ID: 60905.C30010
City Lake Bluff	State IL	Zip Code 60044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer Baxter Healthcare Corporation	Occupation Pres, Venture Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.50	Payroll Deduction: (38.50- /Pay Period)

Full Name (Last, First, Middle Initial) B. Chandra Sekhar		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 60905.C29983
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 102.04
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Mfg Strategic Planning	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.36	Payroll Deduction: (51.02- /Pay Period)

Full Name (Last, First, Middle Initial) C. Donald Sullivan		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 910 W Cypress Drive		Transaction ID: 60905.C30030
City Arlington Heights	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Baxter International Inc.	Occupation VP, Risk Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	259.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joel Tune		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 1365 Vos Court		Transaction ID: 60905.C29997	
City Antioch	State IL	Zip Code 60002	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation General Manager II	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. James Utts		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 441 thorne lane		Transaction ID: 60905.C30041	
City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter World Trade Corporation	Occupation CVP, President Europe	Payroll Deduction: (38.46- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

Full Name (Last, First, Middle Initial) C. Onelia Vera-littrell		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006	
Mailing Address 619 Oleander Drive		Transaction ID: 60905.C30027	
City Hallandale	State FL	Zip Code 33009	Amount of Each Receipt this Period 153.84
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Payroll Deduction: (76.92- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.28		

SUBTOTAL of Receipts This Page (optional) ▶	310.76
TOTAL This Period (last page this line number only) ▶	7140.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

<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

Full Name (Last, First, Middle Initial) A. Friends of Roy Blunt		Transaction ID: 60810.E713 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address PO Box 278		Amount of Each Disbursement this Period 2000.00
City Strafford	State MO	
Zip Code 65757-0278		Category/ Type
Purpose of Disbursement		
Candidate Name ROY BLUNT		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 7	

Full Name (Last, First, Middle Initial) B. Eric Cantor		Transaction ID: 60810.E712 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 5040 Sadler Pl		Amount of Each Disbursement this Period 1000.00
City Glen Allen	State VA	
Zip Code 23060-6149		Category/ Type
Purpose of Disbursement		
Candidate Name ERIC CANTOR		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 07	

Full Name (Last, First, Middle Initial) C. Hatch Election Committee		Transaction ID: 60810.E711 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 257 E 200 S		Amount of Each Disbursement this Period 1000.00
City Salt Lake City	State UT	
Zip Code 84111-2053		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 18 / 19

<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

Full Name (Last, First, Middle Initial) A. Jon Kyl		Transaction ID: 60810.E715 Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
Mailing Address 2200 E Camelback Rd		Amount of Each Disbursement this Period 1000.00	
City Phoenix	State AZ		Zip Code 85016-3455
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Deborah Pryce		Transaction ID: 60810.E717 Date of Disbursement MM / DD / YYYY 07 / 18 / 2006	
Mailing Address 145 E Rich		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43215-7632
Purpose of Disbursement			Category/ Type
Candidate Name DEBORAH D. PRYCE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 15			

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Transaction ID: 61016.E752 Date of Disbursement MM / DD / YYYY 07 / 19 / 2006	
Mailing Address 5575 Manhattanville Station		Amount of Each Disbursement this Period 1000.00	
City New York	State NY		Zip Code 10027-
Purpose of Disbursement			Category/ Type
Candidate Name CHARLES B RANGEL			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 15			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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)
Paul Ryan for Congress

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-0776

Purpose of Disbursement

Candidate Name PAUL D RYAN

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 60810.E714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Rick Santorum

Mailing Address 333 Market St

City Harrisburg State PA Zip Code 17101-2210

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 60810.E716

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)