

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 03 01 2006 through 03 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 09 01 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

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		43452.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	50038.61									
(c) Total Receipts (from Line 19)	5715.18	19301.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55753.79	62753.79								
7. Total Disbursements (from Line 31)	15000.00	22000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40753.79	40753.79								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

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	5715.18	19301.06
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	5715.18	19301.06
(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) ▶	5715.18	19301.06
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))	5715.18	19301.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5715.18	19301.06

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.....	15000.00	22000.00
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))..	15000.00	22000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15000.00	22000.00

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)	5715.18	19301.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5715.18	19301.06
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 / 30
	<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. Jennifer Adams		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 203 Bridle Path Lane		Transaction ID: 60418.C29156
City Fox River Grove	State IL	Zip Code 60021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Sales	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	Payroll Deduction: (10.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Joy A Amundson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 110 W. Onwentsia Road		Transaction ID: 60418.C29163
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Pres BioScience	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.60	Payroll Deduction: (195.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Barlev		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 61 Telegraph Hill Rd.		Transaction ID: 60418.C29155
City Holmdel	State NJ	Zip Code 07733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.00
Name of Employer Baxter Healthcare Corporation	Occupation Sales Rep III	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6.00	Payroll Deduction: (1.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	412.00
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 7 / 30
	<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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Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael J Baughman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 5343 N Lakewood Avenue		Transaction ID: 60418.C29182	
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	Payroll Deduction: (100.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Armando Bombino		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 1795 Ashford Lane		Transaction ID: 60418.C29154	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Operations	Payroll Deduction: (5.00/-Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00		

Full Name (Last, First, Middle Initial) C. Pat Brower		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 502 Canal		Transaction ID: 60418.C29141	
City State Zip Code Cleveland MS 38732	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr I, Distribution	Payroll Deduction: (1.00/-Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6.00		

SUBTOTAL of Receipts This Page (optional) ▶	212.00
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 / 30
	<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. Michael Brown		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 531 Lyon Dr		Transaction ID: 60418.C29179	
City Buffalo Grove	State IL	Zip Code 60089	Amount of Each Receipt this Period 2.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Finance	Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6.00		

Full Name (Last, First, Middle Initial) B. Glenn Burney		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 96 Rock Creek Drive		Transaction ID: 60418.C29139	
City Mountain Home	State AR	Zip Code 72653	Amount of Each Receipt this Period 4.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Dir, Quality	Payroll Deduction: (2.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00		

Full Name (Last, First, Middle Initial) C. Donna Campagna		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 30922 St Andrews Drive		Transaction ID: 60418.C29160	
City Libertyville	State IL	Zip Code 60048	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation 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 ▼ 60.00		

SUBTOTAL of Receipts This Page (optional) ▶	46.00
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 / 30
	<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. John Cone		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 153 Pleasant Valley Drive		Transaction ID: 60418.C29148
City Marion State NC Zip Code 28752	Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (2.00/- Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation Sr Principal Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00	

Full Name (Last, First, Middle Initial) B. Edward Conrad		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 113 S Waverly Pl		Transaction ID: 60418.C29180
City Mt Prospect State IL Zip Code 60056	Amount of Each Receipt this Period 115.42	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (57.71- /Pay Period)
Name of Employer Baxter International Inc.	Occupation Dir, Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.26	

Full Name (Last, First, Middle Initial) C. Sarah Creviston		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 717 North Maple Ave.		Transaction ID: 60418.C29176
City Palatine State IL Zip Code 60067	Amount of Each Receipt this Period 144.16	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (72.08- /Pay Period)
Name of Employer Baxter Healthcare Corporation	Occupation VP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.48	

SUBTOTAL of Receipts This Page (optional) ▶	263.58
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 / 30
	<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. Margarita Cruz-casse		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address Violeta 153, San Francisco		Transaction ID: 60418.C29193	
City State Zip Code San Juan PR 00927	Amount of Each Receipt this Period 74.74		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Logistics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.22		
		Payroll Deduction: (37.37- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Robert M Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 21515 Hummingbird Court		Transaction ID: 60418.C29183	
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 173.08		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.29		
		Payroll Deduction: (86.54- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Carlos Del Salto		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 101 NE 3rd Avenue, Ste. 1600 c/o Baxter World Trade		Transaction ID: 60418.C29191	
City State Zip Code Ft. Lauderdale FL 33301	Amount of Each Receipt this Period 188.46		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Export Corporation	Occupation CVP, Pres Intcntl/Asia		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.30		
		Payroll Deduction: (188.4- 6/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	436.28
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 11 / 30
	<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)
Karen Dewey

Mailing Address 92 Spring Valley Drive

City State Zip Code
Mtn Home AR 72653

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

Name of Employer Baxter Healthcare Corporation
Occupation Planner II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 60418.C29133

Amount of Each Receipt this Period
4.00

Receipt

Payroll Deduction: (2.00/- Pay Period)

B. Full Name (Last, First, Middle Initial)
Frederick Dodge

Mailing Address 233 Mtn St

City State Zip Code
Marion NC 28752

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

Name of Employer Baxter Healthcare Corporation
Occupation Sr Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 60418.C29142

Amount of Each Receipt this Period
2.00

Receipt

Payroll Deduction: (1.00/- Pay Period)

C. Full Name (Last, First, Middle Initial)
Mary Fernald

Mailing Address 36 Wagner Lane

City State Zip Code
Hillsborough NJ 08844

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

Name of Employer Baxter Healthcare Corporation
Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 60418.C29159

Amount of Each Receipt this Period
10.00

Receipt

Payroll Deduction: (5.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	16.00
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 / 30
	<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. Rodney Foster		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address P.O. Box 5074		Transaction ID: 60418.C29135	
City State Zip Code Norman OK 73070		Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Sr Dir, Engineering tion		Payroll Deduction: (4.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 24.00	

Full Name (Last, First, Middle Initial) B. Kevin Freeman		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 832 Foxmoor Lane		Transaction ID: 60418.C29158	
City State Zip Code Lake Zurich IL 60047		Amount of Each Receipt this Period 103.84	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP I, Finance tion		Payroll Deduction: (51.92- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.68	

Full Name (Last, First, Middle Initial) C. Elizabeth Fuller		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 975 Seaboard Ave		Transaction ID: 60418.C29170	
City State Zip Code Atlanta GA 30318		Amount of Each Receipt this Period 14.10	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Mgr, State Government Affairs tion		Payroll Deduction: (7.05/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 42.30	

SUBTOTAL of Receipts This Page (optional) ▶	125.94
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 / 30
	<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)
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 ▼
728.46

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 60418.C29140

Amount of Each Receipt this Period
248.46

Receipt

Payroll Deduction: (124.2-3/Pay Period)

B. Full Name (Last, First, Middle Initial)
Juan Gonzalez

Mailing Address 17842 Rachel Lane

City State Zip Code
Orland Park IL 60467

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Project Mgr I, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 60418.C29150

Amount of Each Receipt this Period
10.00

Receipt

Payroll Deduction: (5.00/-Pay Period)

C. Full Name (Last, First, Middle Initial)
John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code
Northbrook IL 60062

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

Name of Employer
Baxter International Inc.

Occupation
CVP, President - International

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 60418.C29189

Amount of Each Receipt this Period
440.00

Receipt

Payroll Deduction: (220.0-0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	698.46
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 / 30
	<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. Lawrence Guiheen		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1653 Vista Oaks Way		Transaction ID: 60418.C29131	
City State Zip Code Westlake Vilage CA 91361	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation President V	Payroll Deduction: (35.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Stephen Irby		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 601 Baxter Avenue		Transaction ID: 60418.C29134	
City State Zip Code Mtn Home AR 72653	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Planner	Payroll Deduction: (2.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00		

Full Name (Last, First, Middle Initial) C. James Kamienski		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 6312 N Keating		Transaction ID: 60418.C29143	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 97.52		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Manufacturing	Payroll Deduction: (48.76- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.56		

SUBTOTAL of Receipts This Page (optional) ▶	171.52
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 / 30
<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) Faye Katt Mailing Address 1906 N Larrabee City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 Transaction ID: 60418.C29166 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period)
Name of Employer: Baxter Healthcare Corporation Occupation: VP Global HR Shared Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 60.00		

B. Full Name (Last, First, Middle Initial) Carol Lampe Mailing Address 303 Northwind Dr. City Lake Villa State IL Zip Code 60046 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 Transaction ID: 60418.C29151 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00- /Pay Period)
Name of Employer: Baxter Healthcare Corporation Occupation: Sr Research Scientist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 6.00		

C. Full Name (Last, First, Middle Initial) Susan R Lichtenstein Mailing Address 1257 W Wrightwood Ave City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 Transaction ID: 60418.C29184 Amount of Each Receipt this Period 378.46 Receipt Payroll Deduction: (189.2- /3/Pay Period)
Name of Employer: Baxter International Inc. Occupation: CVP, General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1109.22		

SUBTOTAL of Receipts This Page (optional)	400.46
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 / 30
	<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) Gary Loudermilk		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 570 S Creek Rd		Transaction ID: 60418.C29147	
City State Zip Code Nebo NC 28761		Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing		Payroll Deduction: (2.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 12.00	

B. Full Name (Last, First, Middle Initial) Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 421 North Wheaton Ave		Transaction ID: 60418.C29188	
City State Zip Code Wheaton IL 60187		Amount of Each Receipt this Period 98.94	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc. Occupation VP, Tax		Payroll Deduction: (49.47- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 148.41	

C. Full Name (Last, First, Middle Initial) Brian W Magerkurth		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 4218 Third Street Lane NW		Transaction ID: 60418.C29164	
City State Zip Code Hickory NC 28601		Amount of Each Receipt this Period 105.76	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation Occupation VP II, Global Supply Chain		Payroll Deduction: (52.88- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.52	

SUBTOTAL of Receipts This Page (optional) ▶	208.70
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 17 / 30
	<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. Teresita Martinez-santini		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address A-1 Atenas St Repto Flamingo		Transaction ID: 60418.C29192	
City State Zip Code Bayamon PR 00959		Amount of Each Receipt this Period 66.14	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Puerto Rico Dir, Quality		Payroll Deduction: (33.07- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 198.42	

Full Name (Last, First, Middle Initial) B. John Martino		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 104 Dumont Dr		Transaction ID: 60418.C29136	
City State Zip Code Morganton NC 28655		Amount of Each Receipt this Period 2.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora-tion Dir, Quality		Payroll Deduction: (1.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6.00	

Full Name (Last, First, Middle Initial) C. Kevin Mcculloch		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 730 Greenwood Avenue		Transaction ID: 60418.C29172	
City State Zip Code Wilmette IL 60091		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora-tion General Manager III		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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	168.14
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 18 / 30
	<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. Bruce McGillivray		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 151 Ridge Lane		Transaction ID: 60418.C29168	
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 Occupation Baxter Healthcare Corpora- CVP, President Renal tion		Payroll Deduction: (134.6- 2/Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 529.24			

Full Name (Last, First, Middle Initial) B. Donald Mcpeters		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 119 North Hills Drive		Transaction ID: 60418.C29146	
City State Zip Code Marion NC 28752		Amount of Each Receipt this Period 2.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Supv II, Manufacturing tion		Payroll Deduction: (1.00/- Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 6.00			

Full Name (Last, First, Middle Initial) C. Victor Miller		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 230 9th Street		Transaction ID: 60418.C29171	
City State Zip Code Wilmette IL 60091		Amount of Each Receipt this Period 7.70	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Dir, Marketing tion		Payroll Deduction: (3.85/- Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 23.10			

SUBTOTAL of Receipts This Page (optional) ▶	278.94
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 19 / 30
	<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. Arthur Mollenhauer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 2409 Lincolnwood Drive		Transaction ID: 60418.C29161
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corporation	Occupation General Manager II	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Frank Monteleone		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 4620 Forest Edge Lane		Transaction ID: 60418.C29174
City Long Grove	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.50
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter IT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.50	Payroll Deduction: (63.25- /Pay Period)

Full Name (Last, First, Middle Initial) C. Barbara Morris		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 924 N. Saratoga Dr.		Transaction ID: 60418.C29149
City Palatine	State IL	Zip Code 60074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation VP II, HR	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	196.50
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 20 / 30
	<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. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 14601 N Somerset Circle		Transaction ID: 60418.C29173
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.70
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 122.10	Payroll Deduction: (20.35- /Pay Period)

Full Name (Last, First, Middle Initial) B. Peter Omalley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 563 Greenway Drive		Transaction ID: 60418.C29177
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Baxter Healthcare Corporation	Occupation VP/GM II	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction: (45.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Robert L Parkinson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 1332 Edgewood Lane		Transaction ID: 60418.C29187
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 923.08
Name of Employer Baxter International Inc.	Occupation Chairman & CEO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2676.92	Payroll Deduction: (461.5- 4/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1053.78
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 21 / 30
	<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. Carla Pittman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006		
Mailing Address 5720 Shenandoah Avenue		Transaction ID: 60418.C29169		
City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 100.10		Receipt Payroll Deduction: (50.05- /Pay Period)	
FEC ID number of contributing federal political committee. C				
Name of Employer Baxter Healthcare Corporation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr Counsel Aggregate Year-to-Date ▼ 300.30			

Full Name (Last, First, Middle Initial) B. Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006		
Mailing Address 341 3rd Street West		Transaction ID: 60418.C29153		
City State Zip Code Tierra Verde FL 33715	Amount of Each Receipt this Period 54.98		Receipt Payroll Deduction: (27.49- /Pay Period)	
FEC ID number of contributing federal political committee. C				
Name of Employer Baxter Healthcare Corporation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Mgr II, Operations Aggregate Year-to-Date ▼ 164.94			

Full Name (Last, First, Middle Initial) C. Neervalur Raghavan		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006		
Mailing Address 2327 Castilian		Transaction ID: 60418.C29152		
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 10.00		Receipt Payroll Deduction: (5.00/- /Pay Period)	
FEC ID number of contributing federal political committee. C				
Name of Employer Baxter Healthcare Corporation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP I, Research Aggregate Year-to-Date ▼ 30.00			

SUBTOTAL of Receipts This Page (optional) ▶	165.08
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 22 / 30
	<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. Elizabeth Redd		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 604 South Leflore		Transaction ID: 60418.C29138	
City Cleveland	State MS	Zip Code 38732	Amount of Each Receipt this Period 2.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Plant Controller I	Payroll Deduction: (1.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6.00		

Full Name (Last, First, Middle Initial) B. David Rohrbach		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 10 Hawkes Court		Transaction ID: 60418.C29167	
City Bridgewater	State NJ	Zip Code 08807	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		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 ▼ 40.00		

Full Name (Last, First, Middle Initial) C. Harold Sargent		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 1151 Woodview Drive		Transaction ID: 60418.C29132	
City Green Oaks	State IL	Zip Code 60048	Amount of Each Receipt this Period 4.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Research	Payroll Deduction: (2.00/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00		

SUBTOTAL of Receipts This Page (optional) ▶	26.00
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 23 / 30
	<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. David P Scharf		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 931 Oak Street		Transaction ID: 60418.C29185	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 80.76		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation CVP, Corporate Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 121.14		
		Payroll Deduction: (40.38- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Michael Schiffer		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 33741 Shackleton Isle		Transaction ID: 60418.C29162	
City State Zip Code Monarch Beach CA 92629	Amount of Each Receipt this Period 134.78		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.34		
		Payroll Deduction: (67.39- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Victor Schmitt		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 699 Bluff Road		Transaction ID: 60418.C29157	
City State Zip Code Lake Bluff IL 60044	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation Pres, Venture Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00		
		Payroll Deduction: (38.50- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	292.54
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 24 / 30
	<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. Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 60418.C29130	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 98.12		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Mfg Strategic Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 177.18		
		Payroll Deduction: (49.06- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 1555 Stratford		Transaction ID: 60418.C29186	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 22.40		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation Dir, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 67.20		
		Payroll Deduction: (11.20- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Edward Sudlow		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 2406 N Hickory		Transaction ID: 60418.C29129	
City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, Supply Chain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00		
		Payroll Deduction: (2.00/- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	124.52
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 25 / 30
	<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. Donald Sullivan		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 910 W Cypress Drive		Transaction ID: 60418.C29178	
City State Zip Code Arlington Heights IL 60005	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation VP, Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Andrew Thorrens		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1835 North Hoyne		Transaction ID: 60418.C29181	
City State Zip Code Chicago IL 60647	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter International Inc.	Occupation Dir, Payment Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00		
		Payroll Deduction: (2.00/- Pay Period)	

Full Name (Last, First, Middle Initial) C. Joel Tune		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1365 Vos Court		Transaction ID: 60418.C29144	
City State Zip Code Antioch IL 60002	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		Payroll Deduction: (40.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	164.00
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 26 / 30
	<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. James Utts		Date of Receipt MM / DD / YYYY 03 / 10 / 2006
Mailing Address 441 thorne lane		Transaction ID: 60418.C29190
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Baxter World Trade Corporation	Occupation CVP, President Europe	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	Payroll Deduction: (38.46- /Pay Period)

Full Name (Last, First, Middle Initial) B. Onelia Vera-littrell		Date of Receipt MM / DD / YYYY 03 / 10 / 2006
Mailing Address 619 Oleander Drive		Transaction ID: 60418.C29175
City Hallandale	State FL	Zip Code 33009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 145.82
Name of Employer Baxter Healthcare Corporation	Occupation Asst General Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.46	Payroll Deduction: (72.91- /Pay Period)

Full Name (Last, First, Middle Initial) C. Kenneth R Webb		Date of Receipt MM / DD / YYYY 03 / 10 / 2006
Mailing Address 31385 W. Somerset Circle		Transaction ID: 60418.C29165
City Green Oaks	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation VP, Customer Svc & E-Commerce	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	Payroll Deduction: (10.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	242.74
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:	PAGE 27 / 30
	(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

Full Name (Last, First, Middle Initial) A. Clara Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 36 3rd St		Transaction ID: 60418.C29137	
City Cleveland	State MS	Zip Code 38732	Amount of Each Receipt this Period 2.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Quality Assoc III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6.00		
		Payroll Deduction: (1.00/- Pay Period)	

Full Name (Last, First, Middle Initial) B. Donna Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1886 Bowling Green		Transaction ID: 60418.C29145	
City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00		
		Payroll Deduction: (5.00/- Pay Period)	

SUBTOTAL of Receipts This Page (optional)	12.00
TOTAL This Period (last page this line number only)	5715.18

**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 28 / 30

<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. John Dingell for Congress		Transaction ID: 60418.E689 Date of Disbursement 03 / 30 / 2006
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013-0214		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Steny Hoyer		Transaction ID: 60418.E692 Date of Disbursement 03 / 28 / 2006
Mailing Address 6500 Cherrywood Ln		Amount of Each Disbursement this Period 1000.00
City Greenbelt	State MD	
Zip Code 20770-7212		
Purpose of Disbursement		
Candidate Name STENY HAMILTON HOYER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 05		

Full Name (Last, First, Middle Initial) C. Keep Our Majority PAC		Transaction ID: 60418.E695 Date of Disbursement 03 / 07 / 2006
Mailing Address P O Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	
Zip Code 22320-		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<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. Kirk for Congress		Transaction ID: 60418.E688 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 28 Green Bay Rd		Amount of Each Disbursement this Period 1500.00
City Winnetka State IL Zip Code 60093-4006		
Purpose of Disbursement	Category/Type	
Candidate Name MARK STEVEN KIRK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kirk for Congress		Transaction ID: 60418.E687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 28 Green Bay Rd		Amount of Each Disbursement this Period 2500.00
City Winnetka State IL Zip Code 60093-4006		
Purpose of Disbursement	Category/Type	
Candidate Name MARK STEVEN KIRK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Earl Pomeroy		Transaction ID: 60418.E690 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-		
Purpose of Disbursement	Category/Type	
Candidate Name EARL RALPH POMEROY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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 30 / 30

<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. Thomas Reynolds		Transaction ID: 60418.E694 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 500 Essjay Rd		Amount of Each Disbursement this Period 1000.00
City Buffalo State NY Zip Code 14221-8226		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Volunteers for Shimkus		Transaction ID: 60418.E693 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 504 Sumner Blvd		Amount of Each Disbursement this Period 1000.00
City Collinsville State IL Zip Code 62234-1934		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Bennie Thompson		Transaction ID: 60418.E691 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 100		Amount of Each Disbursement this Period 1000.00
City Bolton State MS Zip Code 39041-0100		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	15000.00