REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 31 A 11:02

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
One Baxter Parkway

CITY, STATE and ZIP CODE
Deerfield IL 60015

2. FEC IDENTIFICATION NUMBER
C00117838

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-99 through 12-31-99		
6. (a) Cash on Hand January 1, 19 99		$ 40,865.73
(b) Cash on Hand at Beginning of Reporting Period	$ 23,952.82	
(c) Total Receipts (from Line 19)	$ 39,186.06	$ 62,730.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 63,138.88	$ 103,596.30
7. Total Disbursements (from Line 30)	$ 31,050.00	$ 71,507.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 32,088.88	$ 32,088.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Jill H. Carter

Signature of Treasurer
Jill H. Carter

Date 1-27-00

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

FEC FORM 3X
(revised 9/93)

FEBAN121

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

(revised 1/1/91)

NAME OF COMMITTEE
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 7-1-99 TO 12-31-99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	37,186.06	61,020.57	
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	37,186.06	61,020.57	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	37,186.06	61,020.57	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	2,000.00	2,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	39,186.06	62,730.57	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	39,186.06	62,730.57	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	28,500.00	28,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	2,550.00	2,550.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	31,050.00	71,507.42	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	37,186.06	61,020.57	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,186.06	61,020.57	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE8AN*21

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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

NAME OF COMMITTEE (in Full)

Baxter Healthcare Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code Keep Our Majority PAC (Kompac) POB 18277 Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 12-20-99	Amount of Each Receipt this Period $2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $2,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $2,000.00

TOTAL This Period (last page this line number only) $2,000.00

FEBAN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Adams, Jennifer M 1322 W Belmont #3w Chicago, IL 60657	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Area VP, Sales		
	Aggregate Year-To-Date $ 260.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Anderson, Timothy B 49 Green Bay Rd Lake Bluff, IL 60044	Baxter International Inc.	payroll deduction	900.00 100.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Group VP - BHC		
	Aggregate Year-To-Date $ 900.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Anderson, Brian P 1703 Violet Court Highland Park, IL 60035	Baxter International Inc.	payroll deduction	1,560.00 240.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation SVP/CFO		
	Aggregate Year-To-Date $ 3,120.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Ashba, Paul O 1482 Burhaven Drive Rochester Hills, MI 48306	Baxter Healthcare Corporation	payroll deduction	325.00 50.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sr Counsel		
	Aggregate Year-To-Date $ 650.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Austin Jr, James H 1521 N North Park Ave Chicago, IL 60610	Baxter Healthcare Corporation	payroll deduction	40.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Strategy		
	Aggregate Year-To-Date $ 560.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Badakowski, David V 33136 Lakeshore Drive Wildwood, IL 60030	Baxter Healthcare Corporation	payroll deduction	260.00 40.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Research		
	Aggregate Year-To-Date $ 520.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Balentine, Gary W P O Box Eight Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMEEN PLANT ENGINEER		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Barker, Mary L 30 Vienna Street Laguna Niguel, CA 92677	Baxter Healthcare Corporation	payroll deduction	650.00 100.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Benefit Mgt		
	Aggregate Year-To-Date $ 1,300.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Barley, Michael D 81 Telegraph Hill Rd. Holmdel, NJ 07733	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Representative III		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Becker, Claudia J 12702 NW 20th St Pembroke Pines, FL 33028	Baxter Export Corporation	payroll deduction	526.60 80.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir. Quality		
	Aggregate Year-To-Date $ 1,046.60		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Berdiger, Robert A 129 Kenmore Deerfield, IL 60015	Baxter Healthcare Corporation	payroll deduction	100.10 15.40 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Assoc General Counsel		
	Aggregate Year-To-Date $ 200.20		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Bessler, Anita 25721 Dillon Laguna Hills, CA 92653	Baxter Healthcare Corporation	payroll deduction	650.00 100.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Pres, CV Surgery		
	Aggregate Year-To-Date $ 1,300.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Blackburn, William R 1647 Rfd Bernay Lane Long Grove, IL 60047	Baxter Healthcare Corporation	payroll deduction	325.00 50.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Corp Environmental Affairs		
	Aggregate Year-To-Date $ 850.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Bombino, Armando 1795 Ashford Lane Crystal Lake, IL 60014	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Quality		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Brooks, Laura M 13380 Via Alicante Tustin, CA 92782	Baxter Healthcare Corporation	payroll deduction	499.98 76.92 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Communications		
	Aggregate Year-To-Date $ 999.96		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Brower, Pat 502 Canal Cleveland, MS 38732	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation DCWST SUPT, WAREHOUSE		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Brown, Michael R 531 Lyon Dr Buffalo Grove, IL 60089	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP I, Finance		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Buchholz MD, Donald H 25910 W Timberlake Road Barrington, IL 60010	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Clinical Affairs		
	Aggregate Year-To-Date $ 260.00		

SUBTOTAL of Receipts this page (optional).....

TOTAL this period (last page this line number only).....

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Bufano, Vincent M 66 Bald Hill Road Wilton, CT 06897	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, National Accounts		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Burleson, Kenneth R Rt 2 Box 422 Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation DNBMG MGR, PURCHASING		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Burney, Glenn 98 Rock Creek Drive Mountain Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation QIANT MGR II, QUALITY		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Caldwell, John 175 Eagles Club Drive Stockbridge, GA 30281	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Representative III		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Carter, John B PO Box 157 45 Linville Falls Hwy Pineola, NC 28662	Baxter Healthcare Corporation	payroll deduction	14.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNEPE ENG, PLANT		
	Aggregate Year-To-Date $ 14.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Carter, Jill H 1489 S Heritage Court Lake Forest, IL 60045	Baxter Healthcare Corporation	payroll deduction	537.31 110.66 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Corporate Communications		
	Aggregate Year-To-Date $ 862.31		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Clark, Shirley A 1101 Ridgecrest Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	32.50 5.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation OMSS1 O M SECT SUPV		
	Aggregate Year-To-Date $ 65.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Cochran, Joel R 3618 Needle Creek Ct Crystal Lake, IL 60012	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Logistics		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Cole, Debra K 889 Township Road Marigold, MS 38759	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation OCCM2 MGR, OM SECTION		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Cone, John R RL 4 Box 1122 Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNEP1 ENG, PROJECT PRINC SR		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Cooper, Danny 605 Ridgeway Cleveland, MS 38732	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UCGST SUPT, MANUFACTURING		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Corcoran, John H 999 Georgetowne Lane Barrington, IL 60010	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation General Manager II		
	Aggregate Year-To-Date $ 260.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Cossey, Robert J Rt 5 Box 155 Marion, NC 28752	Baxter Hesthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation ONEXE VP, QUALITY MGMT		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Crawley, Vick M 1582 Mallard Pt. Rd. Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMEXE PLANT MANAGER		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Crosswn, Wanda F 745 Silk Oak Lane Crystal Lake, IL 60014	Baxter Healthcare Corporation	payroll deduction	4.50 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UOGST SUPT PRODUCTION		
	Aggregate Year-To-Date $ 9.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Del Saito, Carlos 1200 S Pine Island C/O Baxter #200 Plantation, FL 33324	Baxter Healthcare Corporation	payroll deduction	1,500.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CVP, BWT		
	Aggregate Year-To-Date $ 1,500.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Dewey, Karen D 92 Spring Valley Drive Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMCS2 SR SCHEDULER		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Dodge, Frederick J 409 Mtn St Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNEM1 ENG, PROCESS PRING SR		
	Aggregate Year-To-Date $ 26.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Drohan, David F 20557 Amherst Ln Barrington, IL 60010	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Corp VP		
	Aggregate Year-To-Date $ 280.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Farnald, Mary Jo 36 Wagner Lane Neshanic Station, NJ 08853	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Mgr, Region		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Fitzgerald, John 113 Turtle Ave Spring Lake, NJ 07762	Baxter Healthcare Corporation	payroll deduction	35.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Area VP, Sales		
	Aggregate Year-To-Date $ 35.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Foss, Margaret 2254 Carlyle Ct Buffalo Grove, IL 60089	Baxter Healthcare Corporation	payroll deduction	520.00 80.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Quality		
	Aggregate Year-To-Date $ 1,040.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Foster, Rodney R 2263 Pinnacle Cir N Palm Harbor, FL 34684	Baxter Healthcare Corporation	payroll deduction	52.00 8.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UnVGMG MGR, PLANT		
	Aggregate Year-To-Date $ 104.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Gaither Jr, John F 501 Rockefeller Lake Forest, IL 60045	Baxter Healthcare Corporation	payroll deduction	780.00 120.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CVP, Corp Dev/Strategy		
	Aggregate Year-To-Date $ 1,560.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Gatling, James M 3704 Lindsay Ln Crystal Lake, IL 60014	Baxter Healthcare Corporation	payroll deduction	909.80 180.76 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Corp VP		
	Aggregate Year-To-Date $ 935.80		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Gibson, R Ken 5546 Hwy 126n Gassville, AR 72635	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMEE1 SR STAFF ENGINEER		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Goins, J C P.O. Box 753246 Memphis, TN 38175	Baxter Healthcare Corporation	payroll deduction	7.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Mgr II, Human Resources		
	Aggregate Year-To-Date $ 20.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Gonzalez, Juan A 8437 S. 79th Ave. Justice, IL 60458	Baxter World Trade	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Technical Specialist		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Grooms, Paul W 958 Pheasant Ridge Drive Lake Zurich, IL 60047	Baxter Healthcare Corporation	payroll deduction	19.50 3.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Quality		
	Aggregate Year-To-Date $ 39.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Heger, Wayman E 14 Overhill Court Mtn. Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMP31 PRODUCTION SUPV		
	Aggregate Year-To-Date $ 52.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hayes, Charles N 518 Pinecrest Drive Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNEMG MGR, ENGINEERING		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Heath, Jerry C 1721 Eagle Drive Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation AMYA1 TELECOMMUNICATION SUPV		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Heggie, Michael T 1290 N Western Ave #307 Lake Forest, IL 60045	Baxter Healthcare Corporation	payroll deduction	260.00 40.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Marketing Manager		
	Aggregate Year-To-Date $ 340.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hanao, Javier P.O. Box 747-Expats Deerfield, IL 60015	Baxter World Trade	payroll deduction	230.98 76.92 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Pres, Baxter China		
	Aggregate Year-To-Date $ 730.74		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hermanspan, Brian P 44 Overlook Drive Southborough, MA 01772	Baxter Healthcare Corporation	payroll deduction	0.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, National Accounts		
	Aggregate Year-To-Date $ 2.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hill, Sibert M P.O. Box 1748 Brentwood, TN 37024	Baxter Healthcare Corporation	payroll deduction	39.00 6.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, National Accounts		
	Aggregate Year-To-Date $ 78.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hollfield, Van R Route 2 Box 370 PO Box 10 Nebo, NC 28761	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNPS1 SUPT, PRODUCTION		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Householder, James C 261 Thorn Tree Lane Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	52.00 8.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMEMG ENGINEERING SVCS MGR		
	Aggregate Year-To-Date $ 104.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Hunt, Richard W 925 Quaker Hill Lane Libertyville, IL 60048	Baxter International Inc.	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Corporate Audit		
	Aggregate Year-To-Date $ 260.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Irby, Stephen R 601 Baxter Avenue Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMGAG SR PURCHASING AGENT		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Jackson, Larry M 2502 Timber Trail Crystal Lake, IL 60012	Baxter Healthcare Corporation	payroll deduction	52.00 8.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir. Quality		
	Aggregate Year-To-Date $ 104.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Jeltarajah, Neville J 245 Barnswallow Vernon Hills, IL 60061	Baxter International Inc.	payroll deduction	813.88 146.16 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Financial Planning		
	Aggregate Year-To-Date $ 878.88		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Johnson, Joe H Rt 1 Box 197e3 Old Fort, NC 28762	Baxter Heathcare Corporation	payroll deduction	1.00 0.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation UNEP2 ENG. PROJECT PRINC		
	Aggregate Year-To-Date $ 14.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Jonas, David N 1059 Elm Ridge Dr Glencoe, IL 60022	Baxter Heathcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP I, Finance		
	Aggregate Year-To-Date $ 260.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Kane, Steven E 1425 San Raymundo Road Hillsborough, CA 94010	Baxter Heathcare Corporation	payroll deduction	0.00 0.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP, Corporate Affairs		
	Aggregate Year-To-Date $ 200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Keitt Jr, John H 24891 Village Wood Lane El Toro, CA 92630	Baxter Heathcare Corporation	payroll deduction	325.00 50.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP II, Bus Plng & Dev		
	Aggregate Year-To-Date $ 650.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
King, Robert L 2199 Old Ariana Road Mtn Home, AR 72653	Baxter Heathcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation UMPMG PRODUCTION MGR		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Kreamer, Harry 309 Seneca Rd. Wilmette, IL 60091	Baxter International Inc.	lump sum	2,000.00 0.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation President and CEO		
	Aggregate Year-To-Date $ 2,000.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

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

NAME OF COMMITTEE (In Full)

BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Kushnau, Kenneth M 1286 W Steeple Chase Ln Palatine, IL 60067	Baxter International Inc.	payroll deduction	50.05 7.70 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Assistant Corporate Controller		
	Aggregate Year-To-Date $ 100.10		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Lampe, Carol M 303 Northwind Dr. Lake Villa, IL 60046	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Mgr II, Quality		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Langan, Edward A 1605 Highland Avenue Wilmette, IL 60091	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Area VP, Sales		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Langston, Wayne W 87 Lindura Way Hot Springs Village, FL 71909	Baxter Healthcare Corporation	payroll deduction	30.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation C/WSMG MGR, GROUP QA & QC		
	Aggregate Year-To-Date $ 35.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Lindner, John D 617 Frederick Dr Cleveland, MS 38732	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UCGMS ADM SVC MGR		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Loden, Larry L 122 Woodland Ave Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	52.00 8.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation FMCO1 PLANT CONTROLLER		
	Aggregate Year-To-Date $ 104.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Lor, Thai 4879 Dysartsville Rd Morganton, NC 28655	Baxter Healthcare Corporation	payroll deduction	27.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation 1UGDN WORKER, GMP		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Loucks Jr, Vernon R 203 N Greenbay Rd Lake Forest, IL 60045	Baxter International Inc.	payroll deduction	2,499.90 384.60 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Chairman & CEO		
	Aggregate Year-To-Date $ 4,999.80		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Loudermilk, Gary R 70 S Creek Rd Nebo, NC 28761	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMPS1 SUPT, PRODUCTION		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Main, Robert J 949 E Court St Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation OHADR DIR, QUALITY		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Martino, John A 104 Dumont Dr Morganton, NC 28655	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNGSM MGR, STRATEGIC DEV		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Martis, Leo 5524 Oldwood Court Box 5524 RM Long Grove, IL 60047	Baxter Healthcare Corporation	payroll deduction	325.00 50.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Research		
	Aggregate Year-To-Date $ 650.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

NAME OF COMMITTEE (in Full)

BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Mally, David J 926 Springbranch Place Mountain Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	52.00 8.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMPST PRODUCTION SUPT		
	Aggregate Year-To-Date $ 104.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McCartha Jr, Claude E PO Box 771 Golf Course Rd Old Fort, NC 28762	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNMV4 SUPV, MAINTENANCE		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McGinley, Jack 855 E Rosemary Lake Forest, IL 60045	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Group VP - BHC		
	Aggregate Year-To-Date $ 260.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McKee, David C 226 Surrey Lane Lake Forest, IL 60045	Baxter International Inc.	payroll deduction	1,007.00 154.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Deputy General Counsel		
	Aggregate Year-To-Date $ 2,002.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McPeters, Donald A 229 North Hills Drive Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNMV4 SUPV, MAINTENANCE		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McEvoy, Mike 1413 Sunnyside Beach Johnsburg, IL 60050	Baxter Healthcare Corporation	lump sum	1,500.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP Advanced Engineering		
	Aggregate Year-To-Date $ 1500.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
McWhorter, Richard A 3708 Great Hill Rd Crystal Lake, IL 60012	Baxter Healthcare Corporation	payroll deduction	547.64 80.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Manufacturing		
	Aggregate Year-To-Date $ 1,067.64		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Meyer, Steven J 9 Kensington Dr. Lincolnshire, IL 60069	Baxter International Inc.	payroll deduction	963.42 180.76 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Treasurer - BII		
	Aggregate Year-To-Date $ 963.42		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Miller, Charles D 502 Frederick Drive Cleveland, MS 38732	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Occupation UCGMG MGR, PLANT		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Miller, Richard L 2725 Obelisco Court Carlsbad, CA 92009	Baxter Healthcare Corporation	payroll deduction	507.00 78.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Pres, Critical Care		
	Aggregate Year-To-Date $ 1,014.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Miller, Marvin 10 Weddington Avenue West Orange, NJ 07052	Baxter Healthcare Corporation	lump sum	200.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President Nextran		
	Aggregate Year-To-Date $ 200.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Mitenberger, Sally S 12 Mulberry Drive Hawthorn Woods, IL 60047	Baxter Healthcare Corporation	payroll deduction	450.00 90.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Quality		
	Aggregate Year-To-Date $ 1,035.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Mitchell, Dale H Her 68 Box 193 Caulfield, MO 65626	Baxter Healthcare Corporation	payroll deduction	39.00 6.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation UMPS2 PRODUCTION SUPV		
	Aggregate Year-To-Date $ 78.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Murphy, James A 5 Lavenham Ct Tabernacle, NJ 08088	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation Sales Representative III		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Mussallem, Michael A 770 E Woodland Rd Lake Forest, IL 60045	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation Group VP - BHC		
	Aggregate Year-To-Date $ 260.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Newman, Ric 635 Bent Creek Ridge Deerfield, IL 60015	Baxter Healthcare Corporation	lump sum	1,000.00 0.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP Renal		
	Aggregate Year-To-Date $ 1000.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Nuttall, James B 21787 Vernon Ridge Drive Ivanhoe, IL 60060	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP, Manufacturing		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Owczarski, Dennis R 33859 N Fischer Dr Ingleside, IL 60041	Baxter International Inc.	payroll deduction	520.00 80.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation Dir, Tax		
	Aggregate Year-To-Date $ 1,040.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Pelkarinen, Michael O 33 Cedar Lane Lincolnshire, IL 60069	Baxter Healthcare Corporation	payroll deduction	36.00 6.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Business Planning & Dev		
	Aggregate Year-To-Date $ 76.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month Day, year)	Amount of Each Receipt this Period
Perez, Roberto 5657 Oakwood Cir,Rd Long Grove, IL 60047	Baxter Healthcare Corporation	payroll deduction	432.28 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Pres, Fenwal		
	Aggregate Year-To-Date $ 423.28		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Persky, Maria S 1617 Asbury Ave. Evanston, IL 60201	Baxter Healthcare Corporation	payroll deduction	325.35 72.30 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Assoc General Counsel		
	Aggregate Year-To-Date $ 325.35		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Pierce, David K 4110 Jody Court Rolling Meadows, IL 60008	Baxter Healthcare Corporation	payroll deduction	220.00 40.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation General Manager II		
	Aggregate Year-To-Date $ 480.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Pitman, James L 284 Deed Pitman Rd Spruce Pine, NC 28777	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNPKG MGR, PRODUCTION		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Portner, Peter M 144 Purdue Ave Kensington, CA 94708	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Chairman, Novacor		
	Aggregate Year-To-Date $ 260.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Pratt, George C Rt 1 Box 654 Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNEPI ENG, PROJECT PRINC SR		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Pringle, Virginia L 341 3rd Street West Tierra Verde, FL 33715	Baxter Healthcare Corporation	payroll deduction	52.00 8.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation FIN/MG MGR, ACCOUNTING		
	Aggregate Year-To-Date $ 104.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Quick, John L 166 Buckley Road Barrington Hills, IL 60010	Baxter International Inc.	payroll deduction	1,040.00 160.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CVP, Quality		
	Aggregate Year-To-Date $ 2,080.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Raghavan, Neeravalur V 2327 Castilian Northbrook, IL 60062	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sr Director, Research		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Redd, Elizabeth E 604 South Leflore Cleveland, MS 38732	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation FCCON CONTROLLER, PLANT		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Reed, Jan 1500 Gordon Terrace Deerfield, IL 60015	Baxter International Inc.	payroll deduction	676.90 135.38 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sec & Asst Gen Counsel		
	Aggregate Year-To-Date $ 676.90		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) For each category of the Detailed Summary Page	PAGE 19 of 24 FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Rice, William L 3502 Crystal Lane Davie, FL 33330	Baxter Export Corporation	payroll deduction	551.92 95.96 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Finance		
	Aggregate Year-To-Date $ 1,071.92		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Russell, Rose J 394 Cannie Baker Rd Mountain Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMPS2 PRODUCTION SUPV		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sabatino Jr, Thomas J 805 E. Westminster Lake Forest, IL 60045	Baxter International Inc.	payroll deduction	1,073.07 238.46 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CVP & General Counsel		
	Aggregate Year-To-Date $ 1,073.07		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sargent, Harold E 1151 Woodview Drive Green Oaks, IL 60048	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Statistics		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Saxon, Donald T 747 Township Road Marigold, MS 38756	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UCPSS SUPV, PRODUCTION		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Schmidt, Mary E. 9408 Smithson Lane Brentwood, TN 37027	Baxter International Inc.	lump sum	1,000.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP Customer Partnerships		
	Aggregate Year-To-Date $ 1000.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Schmitt, Victor W 714 Birch Road Lake Bluff, IL 60044	Baxter Healthcare Corporation	payroll deduction	500.50 77.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Pres, Venture Management		
	Aggregate Year-To-Date $ 1,001.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Schmitz, Thomas H 41 Ocean Point Isle of Palms, SC 29451	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation GM, Hemoglobin Therapeutics		
	Aggregate Year-To-Date $ 140.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sekhar, Chandra 1621 Mission Hills Rd Unit 211 Northbrook, IL 60062	Baxter Healthcare Corporation	payroll deduction	130.00 20.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Manufacturing Planning		
	Aggregate Year-To-Date $ 260.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sfara, Joseph A 225 Central Avenue Naples, FL 33940	Baxter Healthcare Corporation	payroll deduction	0.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Sales		
	Aggregate Year-To-Date $ 10.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sheehan, Patrick J 230 Fox Hunt Trail Barrington, IL 60010	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Finance		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sherman, Mark J 22644 W Loon Lake Blvd Antioch, IL 60002	Baxter Healthcare Corporation	payroll deduction	260.00 40.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Human Resources		
	Aggregate Year-To-Date $ 520.00		

SUBTOTAL of Receipts this page (optional)....._____
TOTAL this period (last page this line number only)....._____

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Shrable, Bill D 515 Buzzard Roost Cutoff Mtn Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	39.00 6.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UMPSV SR PRODUCTION SUPV		
	Aggregate Year-To-Date $ 78.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Steck, A Gerard 126 Wisner Street Park Ridge, IL 60068	Baxter International Inc.	payroll deduction	0.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP, Compensation		
	Aggregate Year-To-Date $ 240.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Simmons, Paul W 18880 W Wood Dale Trail Lake Villa, IL 60046	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Envir Health & Safety		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Stone, Kelly C 1221 Tottenham Court So Reston, VA 22094	Baxter Healthcare Corporation	payroll deduction	21.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir, Legislative Affairs		
	Aggregate Year-To-Date $ 60.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Smith, Donald H 2051 Sauers Rd Harrisburg, PA 17110	Baxter Healthcare Corporation	payroll deduction	0.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Representative II		
	Aggregate Year-To-Date $ 25.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Solomon, Carlyn D PO Box 747 Deerfield, IL 60015	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP I, Manufacturing		
	Aggregate Year-To-Date $ 26.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Starr, Stewart B Rt 3 Box 240 Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation DNRV1 SUPV, RECEIVING		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sudlow, Edward C 2406 N Hickory Arlington Heights, IL 60004	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation Mgr II, Logistics		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Sullivan, Donald J 910 W Cypress Drive Arlington Heights, IL 60005	Baxter International Inc.	payroll deduction	520.00 80.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP, Risk Management		
	Aggregate Year-To-Date $ 1,040.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Takagishi, Jonathan W 325 Castlewood Court Palatine, IL 60067	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation VP, Marketing		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Terry, Verl D 1603 Monroe Ave Mountain Home, AR 72653	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation UMSSV STERILIZATION SUPV		
	Aggregate Year-To-Date $ 52.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Thomas, Andrew L 859 W. Armitage Unit 187 Chicago, IL 60614	Baxter Healthcare Corporation	payroll deduction	26.00 4.00 Bi-weekly
Receipt For: ☐Primary ☐General ☐Other (specify):	Occupation Dir, Payment Planning		
	Aggregate Year-To-Date $ 52.00		

SUBTOTAL of Receipts this page (optional).....

TOTAL this period (last page this line number only).....

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Tucker, Michael J 1051 West Invernaith Rd Lake Forest, IL 60045	Baxter International Inc.	payroll deduction	1,495.00 230.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sr VP HR - BII		
	Aggregate Year-To-Date $ 2,990.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Tune, Joel A 42418 N Center St Antioch, IL 60002	Baxter Healthcare Corporation	payroll deduction	520.00 80.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Bus Plng & Dev		
	Aggregate Year-To-Date $ 1,040.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Walters, H Wayne 11350 McCormick Rd Baxter Plaza #2 Suite #703 Hunt Valley, MD 21031	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Mgr, Region		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Weiskopf, Carl R 8709 Riley Rd Wonder Lake, IL 60097	Baxter Healthcare Corporation	payroll deduction	65.00 10.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sr Principal Engineer		
	Aggregate Year-To-Date $ 130.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Williams, Clara C 36 3rd St Cleveland, MS 38732	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CCCB1 SUPV, QUALITY		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Winter, Gretchen 1116 W. Webster Avenue Chicago, IL 60614	Baxter International Inc.	lump sum	1,000.00 0.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP Business Practices		
	Aggregate Year-To-Date $ 1000.00		

SUBTOTAL of Receipts this page (optional)....._____

TOTAL this period (last page this line number only)....._____

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 A1

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Young, William E 23839 Lancaster Court Deer Park, IL 60010	Baxter Healthcare Corporation	payroll deduction	175.40 87.70 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation VP II, Quality		
	Aggregate Year-To-Date $ 175.40		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Young, Wayne A 410 Toms Creek Rd Marion, NC 28752	Baxter Healthcare Corporation	payroll deduction	13.00 2.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation UNPV1 SUPV, LINE		
	Aggregate Year-To-Date $ 26.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, Day, year)	Amount of Each Receipt this Period
Young, Gregory P 227 S. Kennicott Arlington Heights, IL 60005	Baxter Healthcare Corporation	payroll deduction	520.00 80.00 Bi-weekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Pres, Fenwal		
	Aggregate Year-To-Date $ 1,040.00		

TOTAL THIS PERIOD..... $37,186.06
==========

SUBTOTAL of Receipts this page (optional).....

TOTAL this period (last page this line number only).....

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
Abraham Senate 2000 26600 Telegraph Road 410 Southfield, MI 48034	(Senate-MI-00) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/21/99	$1,000.00
Anna Eshoo For Congress 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Purpose of Disbursement (House-CA-14) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 9/21/99	Amount of Each Disbursement this Period $500.00
Ben Cardin For Congress 100 E Pratt Street 27th flr. Baltimore MD 21202	Purpose of Disbursement Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 9/21/99	Amount of Each Disbursement this Period $1,000.00
Bob Kerrey For US Senate Committee 7602 Pacific Street Lower Level B Omaha, NE 68114	Purpose of Disbursement (Senate-NE-00) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 10/19/99	Amount of Each Disbursement this Period $1,000.00
Committee Reelect Congwmn Nancy Johnson PO Box 1986 New Britain, CT 06050	Purpose of Disbursement (House-CT-6) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 10/19/99	Amount of Each Disbursement this Period $1,000.00
Congressman Bill Young Campaign Committee PO Box 47025 ST. Petersburg, FL 33743	Purpose of Disbursement (House-FL-10) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 9/8/99	Amount of Each Disbursement this Period $1,000.00
Cpc-pac PO Box 22614 Alexandria, VA 22304	Purpose of Disbursement (House-NC-11) Disbursement for: ☐ Primary ☐ General ☑ Other (specify):	Date (month, Day, year) 7/13/99	Amount of Each Disbursement this Period $1,000.00
Crane For Congress PO Box 8534 Rolling Meadows, IL 60008	Purpose of Disbursement (House-IL-08) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 12/20/99	Amount of Each Disbursement this Period $3,000.00
Crane For Congress Committee PO Box 8534 Rolling Meadows, IL 60008	Purpose of Disbursement (House-IL-08) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	Date (month, Day, year) 10/19/99	Amount of Each Disbursement this Period $1,000.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
Dreir For Congress PO Box 1110 Covina, CA 91722	(House-CA-28) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	11/5/99	$1,000.00
Elton Gallegly For Congress PO Box 3769 Simi Valley, CA 93093	(House-CA-23) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	10/19/99	$500.00
Friends Of Dick Durbin PO Box 1949 Springfield, IL 62705	(Senate-IL-00) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/17/99	$1,000.00
Gekas For Congress Committee PO Box 5875 Harrisburg, PA 17110	(House-PA-17) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	7/13/99	$500.00
HIMAPAC 1200 G Street NW Suite 400 Washington DC 20005	Disbursement for: ☐ Primary ☐ General ☑ Other (specify):	9/9/99	$2,500.00
Jerry Weller For Congress PO Box 15283 Washington DC 20003	(House-IL-11) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/21/99	$500.00
Keep Our Majority PAC (KOMPAC) PO Box 18277 Washington, DC 20036	Disbursement for: ☐ Primary ☐ General ☑ Other (specify):	10/1/99	$1,000.00
Keep Our Majority PAC (KOMPAC) PO Box 18277 Washington, DC 20036	Disbursement for: ☐ Primary ☐ General ☑ Other (specify):	10/28/99	$1,000.00
McCrery For Congress 1900 CNB Tower 333 Texas Street Shreveport, LA 71101	(House-LA-04) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/27/99	$1,000.00
New Democratic Network 501 Capitol Court NE Suite 200 Washington, DC 20002	Disbursement for: ☐ Primary ☐ General ☑ Other	9/27/99	$1,000.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
	☐ Other (specify):		
Pete Stark Relection PO Box 6331 Fremont, CA 94537	(House-CA-13) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	11/5/99	$1,000.00
Rogan For Congress Committee PO Box 36 Montrose, CA 91021	(House-CA-27) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	5/21/99	$1,000.00
Roth Senate Committee PO Box 105 Wilmington, DE 19899	(Senate-DE-00) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	7/22/99	$1,000.00
Rush Holt For Congress PO Box 782 Pennington, NJ 08534	(House-NJ-12) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	10/27/99	$500.00
Taylor For Congress 22 South Pack Square Suite 201 PO Box 2355 Asheville, NC 28801	(House-NC-11) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	9/8/99	$1,000.00
The Henry J. Hyde For Congress Comm PO Box 332 Des Plaines, IL 60016	(House-IL-06) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	11/5/99	$1,000.00
Thurman For Congress 450 Pleasant Grove Rd. Inverness, FL 34452	(House-FL-05) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	10/19/99	$1,000.00
Volunteers For Shimkus 412 E. Lawrence PO Box 5458 Springfied, IL 62705	(House-IL-20) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	11/17/99	$500.00
Trent Lott For Mississippi PO Box 22824 Jackson, MS 39225	(Senate- MS-00) Disbursement for: ☑ Primary ☐ General ☐ Other (specify):	10/11/99	$500.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) For each category of the Detailed Summary Page	PAGE 4 OF 4 FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
New Republican Majority Fund 228 S Washington St., Suite 200 Alexandria, VA 22314	Disbursement for: ☐ Primary ☐ General ☑ Other (specify):	10/6/99	$500.00

Total: $28,500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) For each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE NUMBER 29

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
DeWeese, Bill PO Box 692 Harrisburg, PA 17108	Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	12/3/99	$500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
Committee For Jeff Coy 9820 Forest Ridge Rd. Shippensburg, PA 17257	Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	12/3/99	$300.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
Committee To Elect John Taylor 2847 Almond St. Philadelphia, PA 19134	Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	12/3/99	$250.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
Election Comm For Leo Trich 116 Christman Avenue Washington, PA 15301	Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	12/3/99	$250.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, Day, year)	Amount of Each Disbursement this Period
Friends Of Denny O'Brien PO Box 22433 Philadelphia, PA 19110	Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	12/3/99	$300.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement (House-PA-31)	Date (month, Day, year)	Amount of Each Disbursement this Period
Citizens For Mowery PO Box 692 Camp Hill, PA 17001	Disbursement for: ☐ Primary ☑ General ☐ Other (specify):	12/20/99	$300.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 1/31/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RB
PREPARER

1/31/00
DATE PREPARED

(4/98)