

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 Washington DC 20005 Check if different than previously reported. (ACC) X

2. FEC IDENTIFICATION NUMBER C00117838 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2006 through 05 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 M Gregg

Signature of Treasurer Electronically Filed by Sarah M Gregg Date 06 19 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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

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	45422.00									
(c) Total Receipts (from Line 19)	5619.23	31588.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51041.23	75041.23								
7. Total Disbursements (from Line 31)	5500.00	29500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45541.23	45541.23								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

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	5619.23	31588.50
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	5619.23	31588.50
(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) ▶	5619.23	31588.50
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))	5619.23	31588.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5619.23	31588.50

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.....	5500.00	29500.00
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))..	5500.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5500.00	29500.00

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)	5619.23	31588.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5619.23	31588.50
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 / 29
	<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 0 5 / 0 5 / 2 0 0 6
Mailing Address 203 Bridle Path Lane		Transaction ID: 60619.C29415
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 ▼ 100.00	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 0 5 / 0 5 / 2 0 0 6
Mailing Address 110 W. Onwentsia Road		Transaction ID: 60619.C29421
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 ▼ 1930.60	Payroll Deduction: (195.0- 0/Pay Period)

Full Name (Last, First, Middle Initial) C. Michael Barlev		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 61 Telegraph Hill Rd.		Transaction ID: 60619.C29414
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 Representative III	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	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 / 29
	<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 J Baughman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 5343 N Lakewood Avenue		Transaction ID: 60619.C29439	
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 Controller - BII		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		
		Payroll Deduction: (100.0-0/Pay Period)	

Full Name (Last, First, Middle Initial) B. Armando Bombino		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1795 Ashford Lane		Transaction ID: 60619.C29413	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		
		Payroll Deduction: (5.00/-Pay Period)	

Full Name (Last, First, Middle Initial) C. Pat Brower		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 502 Canal		Transaction ID: 60619.C29400	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00		
		Payroll Deduction: (1.00/-Pay Period)	

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 / 29
	<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 0 5 / 0 5 / 2 0 0 6	
Mailing Address 531 Lyon Dr		Transaction ID: 60619.C29436	
City State Zip Code Buffalo Grove IL 60089	Amount of Each Receipt this Period 2.00		Receipt Payroll Deduction: (1.00/- Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter International Inc.	Occupation Dir, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00		

Full Name (Last, First, Middle Initial) B. Glenn Burney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 96 Rock Creek Drive		Transaction ID: 60619.C29398	
City State Zip Code Mountain Home AR 72653	Amount of Each Receipt this Period 4.00		Receipt Payroll Deduction: (2.00/- Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00		

Full Name (Last, First, Middle Initial) C. Donna Campagna		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 30922 St Andrews Drive		Transaction ID: 60619.C29419	
City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 40.00		Receipt Payroll Deduction: (20.00/- Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corporation	Occupation VP, Baxter Info Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00		

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 / 29
	<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 0 5 / 0 5 / 2 0 0 6
Mailing Address 153 Pleasant Valley Drive		Transaction ID: 60619.C29407
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 ▼ 20.00	

Full Name (Last, First, Middle Initial) B. Edward Conrad		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 113 S Waverly Pl		Transaction ID: 60619.C29437
City Mt Prospect State IL Zip Code 60056	Amount of Each Receipt this Period 119.06	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (59.53- /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 ▼ 584.38	

Full Name (Last, First, Middle Initial) C. Sarah Creviston		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 717 North Maple Ave.		Transaction ID: 60619.C29433
City Palatine State IL Zip Code 60067	Amount of Each Receipt this Period 151.36	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (75.68- /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 ▼ 735.20	

SUBTOTAL of Receipts This Page (optional) ▶	274.42
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 10 / 29
	<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 Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address Violeta 153, San Francisco		Transaction ID: 60619.C29449	
City State Zip Code San Juan PR 00927		Amount of Each Receipt this Period 79.96	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Puerto Rico Dir, Logistics		Payroll Deduction: (39.98- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.14	

Full Name (Last, First, Middle Initial) B. Robert M Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 21515 Hummingbird Court		Transaction ID: 60619.C29440	
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 Occupation Baxter International Inc. Treasurer		Payroll Deduction: (86.54- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 601.45	

Full Name (Last, First, Middle Initial) C. Karen Dewey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 92 Spring Valley Drive		Transaction ID: 60619.C29392	
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 Occupation Baxter Healthcare Corpora- tion Planner II		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 ▼ 20.00	

SUBTOTAL of Receipts This Page (optional) ▶	257.04
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 / 29
	<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. Mayra Diaz-jimenez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address Estancias De San Fernando Calle 7		Transaction ID: 60619.C29450	
City State Zip Code Carolina PR 00985	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Baxter S. & D. Puerto Rico Mgr I, Regulatory Affairs	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		

Full Name (Last, First, Middle Initial) B. Frederick Dodge		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 233 Mtn St		Transaction ID: 60619.C29401	
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- tion Sr Principal Engineer	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 ▼ 10.00		

Full Name (Last, First, Middle Initial) C. Mary Fernald		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 36 Wagner Lane		Transaction ID: 60619.C29418	
City State Zip Code Hillsborough NJ 08844	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Baxter Healthcare Corpora- tion Mgr, Region	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 ▼ 50.00		

SUBTOTAL of Receipts This Page (optional) ▶	52.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<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) Rodney Foster Mailing Address 1979 N. Trevino Terrace City State Zip Code Vernon Hills IL 60061 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60619.C29394 Amount of Each Receipt this Period 8.00 Receipt Payroll Deduction: (4.00/- Pay Period)
Name of Employer Occupation Baxter Healthcare Corpora- Sr Director, Engineering tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 40.00		

B. Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 832 Foxmoor Lane City State Zip Code Lake Zurich IL 60047 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60619.C29417 Amount of Each Receipt this Period 106.44 Receipt Payroll Deduction: (53.22- /Pay Period)
Name of Employer Occupation Baxter Healthcare Corpora- VP I, Finance tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 420.56		

C. Full Name (Last, First, Middle Initial) Elizabeth Fuller Mailing Address 975 Seaboard Ave City State Zip Code Atlanta GA 30318 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60619.C29427 Amount of Each Receipt this Period 16.22 Receipt Payroll Deduction: (8.11/- Pay Period)
Name of Employer Occupation Baxter Healthcare Corpora- Mgr, State Government Affairs tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 73.68		

SUBTOTAL of Receipts This Page (optional)	130.66
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 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Gatling		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 3704 Lindsay Ln		Transaction ID: 60619.C29399	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 273.08		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Global Manufacturing Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1274.62		
		Payroll Deduction: (136.5-4/Pay Period)	

Full Name (Last, First, Middle Initial) B. Juan Gonzalez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 17842 Rachel Lane		Transaction ID: 60619.C29409	
City State Zip Code Orland Park IL 60467	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 Project Manager I, IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		
		Payroll Deduction: (5.00/-Pay Period)	

Full Name (Last, First, Middle Initial) C. John Greisch		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 2636 Chesapeake Lane		Transaction ID: 60619.C29446	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 440.00		
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 ▼ 2120.00		
		Payroll Deduction: (220.0-0/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	723.08
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 14 / 29
	<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)
Lawrence Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

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

Name of Employer Baxter Healthcare Corporation
Occupation President V

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29390

Amount of Each Receipt this Period
70.00

Receipt

Payroll Deduction: (35.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Stephen Irby

Mailing Address 601 Baxter Avenue

City State Zip Code
Mtn Home AR 72653

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

Name of Employer Baxter Healthcare Corporation
Occupation Sr Planner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29393

Amount of Each Receipt this Period
4.00

Receipt

Payroll Deduction: (2.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
James Kamienski

Mailing Address 6312 N Keating

City State Zip Code
Chicago IL 60646

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

Name of Employer Baxter Healthcare Corporation
Occupation VP II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29402

Amount of Each Receipt this Period
100.94

Receipt

Payroll Deduction: (50.47- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	174.94
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 15 / 29
	<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. Carol Lampe		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 303 Northwind Dr.		Transaction ID: 60619.C29410	
City State Zip Code Lake Villa IL 60046	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 Sr Research Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00		
		Payroll Deduction: (1.00/- Pay Period)	

Full Name (Last, First, Middle Initial) B. Susan R Lichtenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 60619.C29441	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 378.46		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, Gen Counsel & Corp Sec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1866.14		
		Payroll Deduction: (189.2-3/Pay Period)	

Full Name (Last, First, Middle Initial) C. Gary Loudermilk		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 570 S Creek Rd		Transaction ID: 60619.C29406	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00		
		Payroll Deduction: (2.00/- Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	384.46
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 / 29
	<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. Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 421 North Wheaton Ave		Transaction ID: 60619.C29445
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 101.92	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Tax	Payroll Deduction: (50.96- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.25	

Full Name (Last, First, Middle Initial) B. Brian W Magerkurth		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 4218 Third Street Lane NW		Transaction ID: 60619.C29422
City State Zip Code Hickory NC 28601	Amount of Each Receipt this Period 110.52	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Global Supply Chain	Payroll Deduction: (55.26- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.56	

Full Name (Last, First, Middle Initial) C. Teresita Martinez-santini		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address A-1 Atenas St Repto Flamingo		Transaction ID: 60619.C29448
City State Zip Code Bayamon PR 00959	Amount of Each Receipt this Period 88.62	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Quality	Payroll Deduction: (44.31- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.50	

SUBTOTAL of Receipts This Page (optional) ▶	301.06
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 / 29
	<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)
John Martino

Mailing Address 104 Dumont Dr

City State Zip Code
Morganton NC 28655

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

Name of Employer Baxter Healthcare Corporation
Occupation Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29395

Amount of Each Receipt this Period
2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

B. Full Name (Last, First, Middle Initial)
Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Baxter Healthcare Corporation
Occupation General Manager III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.52

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29429

Amount of Each Receipt this Period
105.76

Receipt

Payroll Deduction: (52.88-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
Bruce Mcgillivray

Mailing Address 151 Ridge Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Baxter Healthcare Corporation
Occupation CVP, President Renal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.72

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29425

Amount of Each Receipt this Period
269.24

Receipt

Payroll Deduction: (134.6-
2/Pay Period)

SUBTOTAL of Receipts This Page (optional)	377.00
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 18 / 29
	<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 Mcpeters		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 119 North Hills Drive		Transaction ID: 60619.C29405	
City Marion	State NC	Zip Code 28752	Amount of Each Receipt this Period 2.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Supv II, Manufacturing	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 ▼ 10.00		

Full Name (Last, First, Middle Initial) B. Victor Miller		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 230 9th Street		Transaction ID: 60619.C29428	
City Wilmette	State IL	Zip Code 60091	Amount of Each Receipt this Period 7.70
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Dir, Marketing	Payroll Deduction: (3.85/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 38.50		

Full Name (Last, First, Middle Initial) C. Frank Monteleone		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1336 Derby Lane		Transaction ID: 60619.C29431	
City Mundelein	State IL	Zip Code 60060	Amount of Each Receipt this Period 130.92
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Baxter Info Technology	Payroll Deduction: (65.46- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 641.34		

SUBTOTAL of Receipts This Page (optional) ▶	140.62
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Barbara Morris

Mailing Address 924 N. Saratoga Dr.

City Palatine State IL Zip Code 60074

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

Name of Employer Baxter Healthcare Corporation Occupation VP II, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
05 / 05 / 2006

Transaction ID: 60619.C29408

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Timothy Murphy

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.67

Date of Receipt
05 / 05 / 2006

Transaction ID: 60619.C29430

Amount of Each Receipt this Period
45.00

Receipt

Payroll Deduction: (22.50- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Peter Omalley

Mailing Address 563 Greenway Drive

City Lake Forest State IL Zip Code 60045

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

Name of Employer Baxter Healthcare Corporation Occupation VP/GM II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
05 / 05 / 2006

Transaction ID: 60619.C29434

Amount of Each Receipt this Period
90.00

Receipt

Payroll Deduction: (45.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	155.00
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 20 / 29
	<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. Robert L Parkinson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1332 Edgewood Lane		Transaction ID: 60619.C29444	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 923.08		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Chairman & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4523.08		
		Payroll Deduction: (461.5- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Carla Pittman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 5720 Shenandoah Avenue		Transaction ID: 60619.C29426	
City State Zip Code Los Angeles CA 90056	Amount of Each Receipt this Period 103.50		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Sr Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.30		
		Payroll Deduction: (51.75- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Virginia Pringle		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 341 3rd Street West		Transaction ID: 60619.C29412	
City State Zip Code Tierra Verde FL 33715	Amount of Each Receipt this Period 57.46		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Mgr II, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.86		
		Payroll Deduction: (28.73- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1084.04
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 29
	<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. Neervalur Raghavan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 2327 Castilian		Transaction ID: 60619.C29411	
City Northbrook	State IL	Zip Code 60062	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, Research	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 ▼ 50.00		

Full Name (Last, First, Middle Initial) B. Elizabeth Redd		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 604 South Leflore		Transaction ID: 60619.C29397	
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 ▼ 10.00		

Full Name (Last, First, Middle Initial) C. David Rohrbach		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 10 Hawkes Court		Transaction ID: 60619.C29424	
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 ▼ 80.00		

SUBTOTAL of Receipts This Page (optional) ▶	32.00
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 22 / 29
	<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. Harold Sargent		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1151 Woodview Drive		Transaction ID: 60619.C29391	
City State Zip Code Green Oaks IL 60048		Amount of Each Receipt this Period 4.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Sr Director, Research tion		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 ▼ 20.00	

Full Name (Last, First, Middle Initial) B. David P Scharf		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 931 Oak Street		Transaction ID: 60619.C29505	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 42.20	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. Assoc General Counsel		Payroll Deduction: (42.20- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.74	

Full Name (Last, First, Middle Initial) C. David P Scharf		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 931 Oak Street		Transaction ID: 60619.C29442	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 44.11	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. Assoc General Counsel		Payroll Deduction: (44.11- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.85	

SUBTOTAL of Receipts This Page (optional) ▶	90.31
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 23 / 29
	<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. Michael Schiffer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 33741 Shackleton Isle		Transaction ID: 60619.C29420	
City State Zip Code Monarch Beach CA 92629		Amount of Each Receipt this Period 139.50	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 683.34	
		Payroll Deduction: (69.75- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Victor Schmitt		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 699 Bluff Road		Transaction ID: 60619.C29416	
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 Corporation		Occupation Pres, Venture Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	
		Payroll Deduction: (38.50- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 60619.C29389	
City State Zip Code Northbrook IL 60062		Amount of Each Receipt this Period 102.04	
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 ▼ 381.26	
		Payroll Deduction: (51.02- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	318.54
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 24 / 29
	<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. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1555 Stratford		Transaction ID: 60619.C29443	
City State Zip Code Deerfield IL 60015		Amount of Each Receipt this Period 23.30	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. Dir, Communications		Payroll Deduction: (11.65- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 113.80	

Full Name (Last, First, Middle Initial) B. Edward Sudlow		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 2406 N Hickory		Transaction ID: 60619.C29388	
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 Occupation Baxter Healthcare Corporation Mgr II, Supply Chain		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 ▼ 20.00	

Full Name (Last, First, Middle Initial) C. Donald Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 910 W Cypress Drive		Transaction ID: 60619.C29435	
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 Occupation Baxter International Inc. VP, Risk Management		Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	107.30
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 / 29
	<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)
Andrew Thorrens

Mailing Address 1835 North Hoyne

City State Zip Code
Chicago IL 60647

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

Name of Employer Occupation
Baxter International Inc. Dir, Payment Planning

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 20.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29438

Amount of Each Receipt this Period
4.00

Receipt

Payroll Deduction: (2.00/- Pay Period)

B. Full Name (Last, First, Middle Initial)
Joel Tune

Mailing Address 1365 Vos Court

City State Zip Code
Antioch IL 60002

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

Name of Employer Occupation
Baxter Healthcare Corporation General Manager II

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29403

Amount of Each Receipt this Period
80.00

Receipt

Payroll Deduction: (40.00-/Pay Period)

C. Full Name (Last, First, Middle Initial)
James Utts

Mailing Address 441 thorne lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter World Trade Corporation CVP, President Europe

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 384.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60619.C29447

Amount of Each Receipt this Period
76.92

Receipt

Payroll Deduction: (38.46-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	160.92
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 / 29
	<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. Onelia Vera-littrell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 619 Oleander Drive		Transaction ID: 60619.C29432	
City State Zip Code Hallandale FL 33009		Amount of Each Receipt this Period 153.84	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora-tion Occupation Assistant General Counsel		Payroll Deduction: (76.92- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 743.68	

Full Name (Last, First, Middle Initial) B. Kenneth R Webb		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 31385 W. Somerset Circle		Transaction ID: 60619.C29423	
City State Zip Code Green Oaks IL 60048		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora-tion Occupation VP, CustSvc,E-Cmmce,SpplyChain		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 ▼ 70.00	

Full Name (Last, First, Middle Initial) C. Clara Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 36 3rd St		Transaction ID: 60619.C29396	
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 Corpora-tion Occupation Quality Associate III		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 ▼ 10.00	

SUBTOTAL of Receipts This Page (optional) ▶	175.84
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:		PAGE 27 / 29	
	(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"/> 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)
Donna Williams

Mailing Address 1886 Bowling Green

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP I, Marketing
tion

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	6

Transaction ID: 60619.C29404

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	5619.23

**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 / 29

<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. Mike DeWine		Transaction ID: 60619.E700 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 37 W Broad St		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215-4132	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Nathan Deal		Transaction ID: 60619.E702 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address PO Box 1015		Amount of Each Disbursement this Period 1000.00	
City Gainesville State GA Zip Code 30503-1015	Purpose of Disbursement Candidate Name NATHAN DEAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Trent Lott for Mississippi		Transaction ID: 60619.E698 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 1500.00	
City Jackson State MS Zip Code 39225-2824	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

<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. McCrery for Congress		Transaction ID: 60619.E701	
Mailing Address PO Box 4650 333 Texas St		Date of Disbursement MM / DD / YYYY 05 / 04 / 2006	
City Shreveport	State LA	Zip Code 71134-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	
Candidate Name JAMES O III MCCRERY		Disbursement For: 2006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA	District: 4		

Full Name (Last, First, Middle Initial) B. Lucille Roybal-Allard		Transaction ID: 60619.E699	
Mailing Address 255 E Temple St		Date of Disbursement MM / DD / YYYY 05 / 18 / 2006	
City Los Angeles	State CA	Zip Code 90012-3334	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	
Candidate Name		Disbursement For: 2006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

5500.00