

# 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  
3rd Floor  
 Check if different than previously reported. (ACC)  
Washington DC 20005

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 04 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 05 19 2008

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55170.29
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	41887.27									
(c) Total Receipts (from Line 19) .....	10954.55	46671.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52841.82	101841.82								
7. Total Disbursements (from Line 31) .....	16500.00	65500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36341.82	36341.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	9951.09	33851.57
(i) Itemized (use Schedule A) .....	1003.46	12819.96
(ii) Unitemized .....	10954.55	46671.53
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10954.55	46671.53
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)) .....	10954.55	46671.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10954.55	46671.53

**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.....	16500.00	61500.00
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	4000.00
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))..	16500.00	65500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	65500.00

**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 .....	10954.55	46671.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10954.55	46671.53
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<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

**A.**

Full Name (Last, First, Middle Initial) Joy A Amundson		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
Mailing Address 110 W. Onwentsia Road		<b>Transaction ID:</b> 20080519cont-140
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.38
Name of Employer Baxter	Occupation CVP, Pres BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1670.76	

**B.**

Full Name (Last, First, Middle Initial) Joy A Amundson		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address 110 W. Onwentsia Road		<b>Transaction ID:</b> 20080519cont-37
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.38
Name of Employer Baxter	Occupation CVP, Pres BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1670.76	

**C.**

Full Name (Last, First, Middle Initial) Peter J Arduini		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
Mailing Address 1059 Warrington Road		<b>Transaction ID:</b> 20080519cont-141
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Baxter	Occupation CVP, Pres Medication Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	530.76
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter J Arduini		Date of Receipt MM / DD / YYYY 04 / 18 / 2008		
	Mailing Address 1059 Warrington Road		<b>Transaction ID:</b> 20080519cont-38		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation CVP, Pres Medication Delivery			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert H Armstrong		Date of Receipt MM / DD / YYYY 04 / 04 / 2008		
	Mailing Address 133 Manchester Drive		<b>Transaction ID:</b> 20080519cont-144		
	City Waukesha	State WI	Zip Code 53188	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation VP, R & D Medical Devices			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert H Armstrong		Date of Receipt MM / DD / YYYY 04 / 18 / 2008		
	Mailing Address 133 Manchester Drive		<b>Transaction ID:</b> 20080519cont-41		
	City Waukesha	State WI	Zip Code 53188	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation VP, R & D Medical Devices			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Donald Baker

Mailing Address 286 Whitworth

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation  
Baxter VP II, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 515.86

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-176

Amount of Each Receipt this Period  
67.10

**B.**

Full Name (Last, First, Middle Initial)  
Donald Baker

Mailing Address 286 Whitworth

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation  
Baxter VP II, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 515.86

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-73

Amount of Each Receipt this Period  
67.10

**C.**

Full Name (Last, First, Middle Initial)  
Michael J Baughman

Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

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

Name of Employer Occupation  
Baxter CVP, Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-183

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **234.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J Baughman		Date of Receipt MM / DD / YYYY 04 / 18 / 2008		
	Mailing Address 5343 N Lakewood Avenue		<b>Transaction ID:</b> 20080519cont-80		
	City Chicago	State IL	Zip Code 60640	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation CVP, Controller			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Edwin Betancourt-morales		Date of Receipt MM / DD / YYYY 04 / 04 / 2008		
	Mailing Address 101 N E 3rd Avenue, Ste 1600		<b>Transaction ID:</b> 20080519cont-203		
	City Ft Lauderdale	State FL	Zip Code 33301	Amount of Each Receipt this Period 42.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation VP I, Manufacturing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.28			

<b>C.</b>	Full Name (Last, First, Middle Initial) Edwin Betancourt-morales		Date of Receipt MM / DD / YYYY 04 / 18 / 2008		
	Mailing Address 101 N E 3rd Avenue, Ste 1600		<b>Transaction ID:</b> 20080519cont-100		
	City Ft Lauderdale	State FL	Zip Code 33301	Amount of Each Receipt this Period 42.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation VP I, Manufacturing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.28			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Brown		Date of Receipt
	Mailing Address 7707 Wisconsin Ave #412		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Bethesda MD 20814		<input type="text"/> 0 4 / <input type="text"/> 0 4 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080519cont-119
	Name of Employer Occupation Baxter Plant Manager II		Amount of Each Receipt this Period
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 55.73
		Aggregate Year-to-Date ▼ <input type="text"/> 429.94	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Brown		Date of Receipt
	Mailing Address 7707 Wisconsin Ave #412		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Bethesda MD 20814		<input type="text"/> 0 4 / <input type="text"/> 1 8 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080519cont-16
	Name of Employer Occupation Baxter Plant Manager II		Amount of Each Receipt this Period
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 55.73
		Aggregate Year-to-Date ▼ <input type="text"/> 429.94	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sebastian Bufalino		Date of Receipt
	Mailing Address 1091 Pine Meadow Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Vernon Hills IL 60061		<input type="text"/> 0 4 / <input type="text"/> 0 4 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080519cont-197
	Name of Employer Occupation Baxter VP, Audit		Amount of Each Receipt this Period
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 50.44
		Aggregate Year-to-Date ▼ <input type="text"/> 390.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 161.90
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Sebastian Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer Occupation  
Baxter VP, Audit

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-94

Amount of Each Receipt this Period

50.44

**B.**

Full Name (Last, First, Middle Initial)  
Edward Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code  
Mt Prospect IL 60056

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

Name of Employer Occupation  
Baxter Dir, Tax

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 493.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 20080519cont-180

Amount of Each Receipt this Period

62.92

**C.**

Full Name (Last, First, Middle Initial)  
Edward Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code  
Mt Prospect IL 60056

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

Name of Employer Occupation  
Baxter Dir, Tax

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 493.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-77

Amount of Each Receipt this Period

62.92

**SUBTOTAL** of Receipts This Page (optional) .....

176.28

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 12 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code  
Palatine IL 60067

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

Name of Employer Occupation  
Baxter VP, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 761.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 20080519cont-172

Amount of Each Receipt this Period  
99.01

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code  
Palatine IL 60067

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

Name of Employer Occupation  
Baxter VP, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 761.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-69

Amount of Each Receipt this Period  
99.01

**C.**

Full Name (Last, First, Middle Initial)  
Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City State Zip Code  
San Juan PR 00927

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

Name of Employer Occupation  
Baxter Dir, Logistics

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 367.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 20080519cont-206

Amount of Each Receipt this Period  
47.70

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

245.72

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 13 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City San Juan State PR Zip Code 00927

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 367.98

Date of Receipt 04 / 18 / 2008  
Transaction ID: 20080519cont-103  
Amount of Each Receipt this Period 47.70

**B.** Full Name (Last, First, Middle Initial)  
Robert M Davis

Mailing Address 21515 Hummingbird Court

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter Occupation CVP, Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.08

Date of Receipt 04 / 04 / 2008  
Transaction ID: 20080519cont-184  
Amount of Each Receipt this Period 161.54

**C.** Full Name (Last, First, Middle Initial)  
Robert M Davis

Mailing Address 21515 Hummingbird Court

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter Occupation CVP, Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.08

Date of Receipt 04 / 18 / 2008  
Transaction ID: 20080519cont-81  
Amount of Each Receipt this Period 161.54

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 370.78

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Scot Deaths

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code  
Saugus CA 91390

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

Name of Employer Baxter Occupation Plant Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-158

Amount of Each Receipt this Period  
35.93

**B.**

Full Name (Last, First, Middle Initial)  
Scot Deaths

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code  
Saugus CA 91390

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

Name of Employer Baxter Occupation Plant Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-55

Amount of Each Receipt this Period  
35.93

**C.**

Full Name (Last, First, Middle Initial)  
Paul Estrem

Mailing Address 325 Clarewood Circle

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Baxter Occupation VP II, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-138

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **121.86**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Paul Estrem

Mailing Address 325 Clarewood Circle

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Occupation  
Baxter VP II, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-35

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Camille I Farhat

Mailing Address 1052 Warrington Road

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Baxter General Manager IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-146

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Camille I Farhat

Mailing Address 1052 Warrington Road

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Baxter General Manager IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-43

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Valery E Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

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

Name of Employer Occupation  
Baxter Dir, State Govt Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 518.34

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-148

Amount of Each Receipt this Period  
68.37

**B.**

Full Name (Last, First, Middle Initial)  
Valery E Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

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

Name of Employer Occupation  
Baxter Dir, State Govt Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 518.34

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-45

Amount of Each Receipt this Period  
68.37

**C.**

Full Name (Last, First, Middle Initial)  
James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code  
Crystal Lake IL 60014

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

Name of Employer Occupation  
Baxter CVP, Global Manufacturing Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1190.76

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-117

Amount of Each Receipt this Period  
151.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **288.28**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code  
Crystal Lake IL 60014

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

Name of Employer Occupation  
Baxter CVP, Global Manufacturing Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1190.76

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-14

Amount of Each Receipt this Period  
151.54

**B.**

Full Name (Last, First, Middle Initial)  
Arthur J Gibson

Mailing Address 3775 Riveryly Trace

City State Zip Code  
Marietta GA 30067

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

Name of Employer Occupation  
Baxter VP, Environ Health & Safety

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 392.04

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-145

Amount of Each Receipt this Period  
50.64

**C.**

Full Name (Last, First, Middle Initial)  
Arthur J Gibson

Mailing Address 3775 Riveryly Trace

City State Zip Code  
Marietta GA 30067

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

Name of Employer Occupation  
Baxter VP, Environ Health & Safety

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 392.04

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-42

Amount of Each Receipt this Period  
50.64

**SUBTOTAL** of Receipts This Page (optional) ..... ► **252.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 51
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Greisch	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 2636 Chesapeake Lane	<b>Transaction ID:</b> 20080519cont-199
	City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 237.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter CVP, President - International	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1863.08	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Greisch	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 2636 Chesapeake Lane	<b>Transaction ID:</b> 20080519cont-96
	City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 237.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter CVP, President - International	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1863.08	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence Guiheen	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 1653 Vista Oaks Way	<b>Transaction ID:</b> 20080519cont-108
	City State Zip Code Westlake Vilage CA 91361	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter President V	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	509.62
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Guiheen		Date of Receipt
	Mailing Address 1653 Vista Oaks Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Westlake Vilage	CA	91361
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080519cont-5
Name of Employer Baxter		Occupation President V	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 280.00	<input type="text"/> 35.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew C Hayes		Date of Receipt
	Mailing Address 1620 Timber Woods Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Libertyville	IL	60048
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080519cont-150
Name of Employer Baxter		Occupation Sr Dir, Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 478.52	<input type="text"/> 62.29

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew C Hayes		Date of Receipt
	Mailing Address 1620 Timber Woods Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Libertyville	IL	60048
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080519cont-47
Name of Employer Baxter		Occupation Sr Dir, Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 478.52	<input type="text"/> 62.29

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 159.58
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Worth Holder Jr

Mailing Address 42 Jamestown Court

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Baxter Occupation VP II, Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-194

Amount of Each Receipt this Period  
46.14

**B.**

Full Name (Last, First, Middle Initial)  
Worth Holder Jr

Mailing Address 42 Jamestown Court

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Baxter Occupation VP II, Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 358.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-91

Amount of Each Receipt this Period  
46.14

**C.**

Full Name (Last, First, Middle Initial)  
Irene Jakimcius

Mailing Address 2208 Wesley Ave.

City State Zip Code  
Evanston IL 60201

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

Name of Employer Baxter Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 609.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-188

Amount of Each Receipt this Period  
79.03

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Irene Jakimcius	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 2208 Wesley Ave.	<b>Transaction ID:</b> 20080519cont-85
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 79.03
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.68	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sohini Gupta Jindal	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 19513 Mill Dam Place	<b>Transaction ID:</b> 20080519cont-161
	City State Zip Code Lansdowne VA 20176	Amount of Each Receipt this Period 35.58
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter	Occupation Dir, Fed Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sohini Gupta Jindal	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 19513 Mill Dam Place	<b>Transaction ID:</b> 20080519cont-58
	City State Zip Code Lansdowne VA 20176	Amount of Each Receipt this Period 35.58
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter	Occupation Dir, Fed Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

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

Mailing Address 6312 N Keating

City Chicago State IL Zip Code 60646

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

Name of Employer Baxter Occupation VP II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.04

Date of Receipt: 04 / 04 / 2008  
**Transaction ID:** 20080519cont-118  
 Amount of Each Receipt this Period: 54.58

**B.**

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

Mailing Address 6312 N Keating

City Chicago State IL Zip Code 60646

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

Name of Employer Baxter Occupation VP II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.04

Date of Receipt: 04 / 18 / 2008  
**Transaction ID:** 20080519cont-15  
 Amount of Each Receipt this Period: 54.58

**C.**

Full Name (Last, First, Middle Initial)  
Robert Keeley

Mailing Address 22606 Bridle

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter Occupation VP II, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.36

Date of Receipt: 04 / 04 / 2008  
**Transaction ID:** 20080519cont-162  
 Amount of Each Receipt this Period: 49.02

**SUBTOTAL** of Receipts This Page (optional) ..... ► 158.18

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Keeley

Mailing Address 22606 Bridle

City State Zip Code  
Kildeer IL 60047

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

Name of Employer Baxter Occupation VP II, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.36

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

**Transaction ID:** 20080519cont-59

Amount of Each Receipt this Period  
49.02

**B.**

Full Name (Last, First, Middle Initial)  
Jane Kiernan

Mailing Address 525 W Roscoe St Apt 3W

City State Zip Code  
Chicago IL 60657-3540

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

Name of Employer Baxter Occupation General Manager III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2820.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	0	8

**Transaction ID:** 20080519cont-132

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Jane Kiernan

Mailing Address 525 W Roscoe St Apt 3W

City State Zip Code  
Chicago IL 60657-3540

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

Name of Employer Baxter Occupation General Manager III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2820.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

**Transaction ID:** 20080519cont-29

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **129.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marie G Kissel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8		
	Mailing Address 1 Baxter Pkwy c/o Gerald Lema		<b>Transaction ID:</b> 20080519cont-200		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 74.59	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation Dir, Fed Legislative Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 580.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) Marie G Kissel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8		
	Mailing Address 1 Baxter Pkwy c/o Gerald Lema		<b>Transaction ID:</b> 20080519cont-97		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 74.59	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation Dir, Fed Legislative Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 580.34			

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward A Langan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8		
	Mailing Address 2001 Tower Drive #339		<b>Transaction ID:</b> 20080519cont-106		
	City Glenview	State IL	Zip Code 60026	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter	Occupation VP II, Sales			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	224.18
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.** Full Name (Last, First, Middle Initial)  
Edward A Langan

Mailing Address 2001 Tower Drive #339

City State Zip Code  
Glenview IL 60026

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

Name of Employer Baxter Occupation VP II, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-3

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
Chicago IL 60614

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

Name of Employer Baxter Occupation CVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1598.44

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-185

Amount of Each Receipt this Period  
203.46

**C.** Full Name (Last, First, Middle Initial)  
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
Chicago IL 60614

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

Name of Employer Baxter Occupation CVP, General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1598.44

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-82

Amount of Each Receipt this Period  
203.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **481.92**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Raymond Linder Jr

Mailing Address 246 Montclair Road

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer Occupation  
Baxter VP II, HR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 311.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

Transaction ID: 20080519cont-137

Amount of Each Receipt this Period

44.04
-------

**B.**

Full Name (Last, First, Middle Initial)  
Raymond Linder Jr

Mailing Address 246 Montclair Road

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer Occupation  
Baxter VP II, HR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 311.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Transaction ID: 20080519cont-34

Amount of Each Receipt this Period

44.04
-------

**C.**

Full Name (Last, First, Middle Initial)  
Ronald K Lloyd

Mailing Address 1694 Falling Star Ave.

City State Zip Code  
Westlake Village CA 91362

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

Name of Employer Occupation  
Baxter General Manager IV

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

Transaction ID: 20080519cont-136

Amount of Each Receipt this Period

50.00
-------

**SUBTOTAL** of Receipts This Page (optional) .....

138.08

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ronald K Lloyd

Mailing Address 1694 Falling Star Ave.

City State Zip Code  
Westlake Village CA 91362

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

Name of Employer Occupation  
Baxter General Manager IV

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-33

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Lykken

Mailing Address 421 North Wheaton Ave

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Occupation  
Baxter VP, Tax

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 465.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 20080519cont-196

Amount of Each Receipt this Period

59.77

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Lykken

Mailing Address 421 North Wheaton Ave

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Occupation  
Baxter VP, Tax

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 465.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-93

Amount of Each Receipt this Period

59.77

**SUBTOTAL** of Receipts This Page (optional) .....

169.54

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian W Magerkurth

Mailing Address 4218 Third ST Lane NW

City State Zip Code  
Hickory NC 28601

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

Name of Employer Occupation  
Baxter VP II, Global Supply Chain

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.28

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-142

Amount of Each Receipt this Period  
59.20

**B.**

Full Name (Last, First, Middle Initial)  
Brian W Magerkurth

Mailing Address 4218 Third ST Lane NW

City State Zip Code  
Hickory NC 28601

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

Name of Employer Occupation  
Baxter VP II, Global Supply Chain

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.28

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-39

Amount of Each Receipt this Period  
59.20

**C.**

Full Name (Last, First, Middle Initial)  
Michael Martin

Mailing Address 546 Lochwood Dr

City State Zip Code  
Crystal Lake IL 60012

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

Name of Employer Occupation  
Baxter VP I, Mfg Strategic Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 588.48

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-123

Amount of Each Receipt this Period  
75.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► **194.15**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Martin

Mailing Address 546 Lochwood Dr

City State Zip Code  
Crystal Lake IL 60012

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

Name of Employer Baxter Occupation VP I, Mfg Strategic Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.48

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-20

Amount of Each Receipt this Period  
75.75

**B.**

Full Name (Last, First, Middle Initial)  
Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code  
Bayamon PR 00959

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

Name of Employer Baxter Occupation Dir, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 20080519cont-205

Amount of Each Receipt this Period  
47.69

**C.**

Full Name (Last, First, Middle Initial)  
Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code  
Bayamon PR 00959

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

Name of Employer Baxter Occupation Dir, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: 20080519cont-102

Amount of Each Receipt this Period  
47.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.13**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeanne K Mason

Mailing Address 1760 Duffy Lane

City Bannockburn State IL Zip Code 60015

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

Name of Employer Baxter Occupation CVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1301.56

Date of Receipt: 04 / 04 / 2008  
**Transaction ID:** 20080519cont-191  
 Amount of Each Receipt this Period: 165.77

**B.**

Full Name (Last, First, Middle Initial)  
Jeanne K Mason

Mailing Address 1760 Duffy Lane

City Bannockburn State IL Zip Code 60015

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

Name of Employer Baxter Occupation CVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1301.56

Date of Receipt: 04 / 18 / 2008  
**Transaction ID:** 20080519cont-88  
 Amount of Each Receipt this Period: 165.77

**C.**

Full Name (Last, First, Middle Initial)  
Michael J McAndrew

Mailing Address 795 Foxmoor

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Baxter Occupation Dir, R & D Project Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.04

Date of Receipt: 04 / 04 / 2008  
**Transaction ID:** 20080519cont-157  
 Amount of Each Receipt this Period: 34.64

**SUBTOTAL** of Receipts This Page (optional) ..... ► **366.18**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J McAndrew		Date of Receipt
	Mailing Address 795 Foxmoor		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Zurich	IL	60047
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter		Occupation Dir, R & D Project Management	<b>Transaction ID:</b> 20080519cont-54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="273.04"/>	<input type="text" value="34.64"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Mcculloch		Date of Receipt
	Mailing Address 730 Greenwood Avenue		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter		Occupation VP, Transition Services	<b>Transaction ID:</b> 20080519cont-168
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="483.26"/>	<input type="text" value="62.20"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Mcculloch		Date of Receipt
	Mailing Address 730 Greenwood Avenue		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter		Occupation VP, Transition Services	<b>Transaction ID:</b> 20080519cont-65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="483.26"/>	<input type="text" value="62.20"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="159.04"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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 Occupation  
Baxter CVP, President Renal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.88

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-163

Amount of Each Receipt this Period  
159.62

**B.**

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 Occupation  
Baxter CVP, President Renal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1253.88

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-60

Amount of Each Receipt this Period  
159.62

**C.**

Full Name (Last, First, Middle Initial)  
Kelli Mills

Mailing Address 6967 fairfax drive

City State Zip Code  
arlington VA 22213

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

Name of Employer Occupation  
Baxter Dir, Fed Legislative Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.16

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-160

Amount of Each Receipt this Period  
30.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.01**

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

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

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

FOR LINE NUMBER: PAGE 33 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kelli Mills

Mailing Address 6967 fairfax drive

City State Zip Code  
arlington VA 22213

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

Name of Employer Baxter Occupation Dir, Fed Legislative Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.16

Date of Receipt: 04 / 18 / 2008  
Transaction ID: 20080519cont-57  
Amount of Each Receipt this Period 30.77

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

Mailing Address 14601 N Somerset Circle

City State Zip Code  
Libertyville IL 60048

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

Name of Employer Baxter Occupation Asst General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.42

Date of Receipt: 04 / 18 / 2008  
Transaction ID: 20080519cont-66  
Amount of Each Receipt this Period 28.12

**C.** Full Name (Last, First, Middle Initial)  
Peter O'malley

Mailing Address 791 Summit Avenue

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Baxter Occupation VP/GM II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 04 / 2008  
Transaction ID: 20080519cont-175  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 103.89

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Peter O'malley

Mailing Address 791 Summit Avenue

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Baxter Occupation VP/GM II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-72

Amount of Each Receipt this Period  
45.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert L Parkinson

Mailing Address 1332 Edgewood Lane

City State Zip Code  
Northbrook IL 60062

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

Name of Employer Baxter Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4076.92

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-195

Amount of Each Receipt this Period  
516.15

**C.**

Full Name (Last, First, Middle Initial)  
Robert L Parkinson

Mailing Address 1332 Edgewood Lane

City State Zip Code  
Northbrook IL 60062

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

Name of Employer Baxter Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4076.92

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-92

Amount of Each Receipt this Period  
516.15

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1077.30**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code  
Los Angeles CA 90056

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

Name of Employer Occupation  
Baxter Sr Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.14

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-164

Amount of Each Receipt this Period  
54.64

**B.**

Full Name (Last, First, Middle Initial)  
Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code  
Los Angeles CA 90056

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

Name of Employer Occupation  
Baxter Sr Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.14

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-61

Amount of Each Receipt this Period  
54.64

**C.**

Full Name (Last, First, Middle Initial)  
Gregory Polk

Mailing Address 4916 North 26th Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Baxter Mgr, Federal Govt Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.19

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-40

Amount of Each Receipt this Period  
28.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.13**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Virginia Pringle	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 6655 Bobby Jones Ct	<b>Transaction ID:</b> 20080519cont-128
	City Palmetto State FL Zip Code 34221	Amount of Each Receipt this Period 32.47
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter Occupation Mgr II, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Virginia Pringle	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 6655 Bobby Jones Ct	<b>Transaction ID:</b> 20080519cont-25
	City Palmetto State FL Zip Code 34221	Amount of Each Receipt this Period 32.47
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter Occupation Mgr II, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet L Raciti	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 19 Wimbledon Court	<b>Transaction ID:</b> 20080519cont-130
	City Lincolnshire State IL Zip Code 60069	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter Occupation Dir, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>104.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Janet L Raciti

Mailing Address 19 Wimbledon Court

City State Zip Code  
Lincolnshire IL 60069

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

Name of Employer Occupation  
Baxter Dir, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-27

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
David H Resnicoff

Mailing Address 926 Valley Road

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Occupation  
Baxter Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.10

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-192

Amount of Each Receipt this Period  
55.04

**C.** Full Name (Last, First, Middle Initial)  
David H Resnicoff

Mailing Address 926 Valley Road

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Occupation  
Baxter Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.10

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-89

Amount of Each Receipt this Period  
55.04

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.08

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Russo

Mailing Address 27928 Periwinkle Lane

City State Zip Code  
Valencia CA 91354

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

Name of Employer Baxter Occupation Dir, Envir Health & Safety

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-170

Amount of Each Receipt this Period  
30.20

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Russo

Mailing Address 27928 Periwinkle Lane

City State Zip Code  
Valencia CA 91354

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

Name of Employer Baxter Occupation Dir, Envir Health & Safety

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-67

Amount of Each Receipt this Period  
30.20

**C.**

Full Name (Last, First, Middle Initial)  
Roibin Ryan

Mailing Address 1419 W Berteau

City State Zip Code  
Chicago IL 60613

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

Name of Employer Baxter Occupation Deputy General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 740.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-189

Amount of Each Receipt this Period  
96.04

**SUBTOTAL** of Receipts This Page (optional) ..... ► **156.44**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Roibin Ryan

Mailing Address 1419 W Berteau

City State Zip Code  
Chicago IL 60613

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

Name of Employer Baxter Occupation Deputy General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.90

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-86

Amount of Each Receipt this Period  
96.04

**B.**

Full Name (Last, First, Middle Initial)  
James K Saccaro

Mailing Address Baxter Expat Admin PO Box 747

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Baxter Occupation VP II, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.52

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-202

Amount of Each Receipt this Period  
51.94

**C.**

Full Name (Last, First, Middle Initial)  
James K Saccaro

Mailing Address Baxter Expat Admin PO Box 747

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Baxter Occupation VP II, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.52

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-99

Amount of Each Receipt this Period  
51.94

**SUBTOTAL** of Receipts This Page (optional) ..... ► **199.92**

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

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

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

FOR LINE NUMBER: PAGE 40 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Baxter CVP, Corporate Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 438.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-186

Amount of Each Receipt this Period  
57.69

**B.** Full Name (Last, First, Middle Initial)  
David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Baxter CVP, Corporate Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 438.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** 20080519cont-83

Amount of Each Receipt this Period  
57.69

**C.** Full Name (Last, First, Middle Initial)  
Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
Northbrook IL 60062

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

Name of Employer Occupation  
Baxter VP II, Mfg Strategic Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 431.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 20080519cont-107

Amount of Each Receipt this Period  
55.98

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 51
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt
	Mailing Address 1621 Mission Hills Rd Unit 211		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Northbrook	IL	60062
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 20080519cont-4
Name of Employer Baxter		Occupation VP II, Mfg Strategic Planning	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 55.98
		<input type="text"/> 431.88	

<b>B.</b>	Full Name (Last, First, Middle Initial) John P Shannon		Date of Receipt
	Mailing Address 432 Utley		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Elmhurst	IL	60126
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 20080519cont-174
Name of Employer Baxter		Occupation VP II, Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 52.50
		<input type="text"/> 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John P Shannon		Date of Receipt
	Mailing Address 432 Utley		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Elmhurst	IL	60126
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 20080519cont-71
Name of Employer Baxter		Occupation VP II, Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 52.50
		<input type="text"/> 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 160.98
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Donald Sullivan

Mailing Address 910 W Cypress Drive

City State Zip Code  
Arlington Heights IL 60005

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

Name of Employer Baxter Occupation VP, Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

**Transaction ID:** 20080519cont-178

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald Sullivan

Mailing Address 910 W Cypress Drive

City State Zip Code  
Arlington Heights IL 60005

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

Name of Employer Baxter Occupation VP, Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

**Transaction ID:** 20080519cont-75

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Karenann Terrell

Mailing Address 914 Queens Lanes

City State Zip Code  
Glenview IL 60025

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

Name of Employer Baxter Occupation CVP, Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.48

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

**Transaction ID:** 20080519cont-190

Amount of Each Receipt this Period  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **272.31**

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

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

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

FOR LINE NUMBER: PAGE 43 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Karenann Terrell

Mailing Address 914 Queens Lanes

City State Zip Code  
Glenview IL 60025

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

Name of Employer Occupation  
Baxter CVP, Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1538.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Transaction ID: 20080519cont-87

Amount of Each Receipt this Period

192.31
--------

**B.**

Full Name (Last, First, Middle Initial)  
Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code  
Hallandale FL 33009

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

Name of Employer Occupation  
Baxter Asst General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 758.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

Transaction ID: 20080519cont-171

Amount of Each Receipt this Period

97.57
-------

**C.**

Full Name (Last, First, Middle Initial)  
Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code  
Hallandale FL 33009

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

Name of Employer Occupation  
Baxter Asst General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 758.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Transaction ID: 20080519cont-68

Amount of Each Receipt this Period

97.57
-------

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**387.45**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 44 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Cheryl White  
Mailing Address 4069 Mayfield Street  
City State Zip Code  
Newbury Park CA 91320  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Occupation CVP, Quality  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1115.40  
Date of Receipt MM / DD / YYYY  
04 / 04 / 2008  
Transaction ID: 20080519cont-177  
Amount of Each Receipt this Period 144.23

**B.** Full Name (Last, First, Middle Initial)  
Cheryl White  
Mailing Address 4069 Mayfield Street  
City State Zip Code  
Newbury Park CA 91320  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Occupation CVP, Quality  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1115.40  
Date of Receipt MM / DD / YYYY  
04 / 18 / 2008  
Transaction ID: 20080519cont-74  
Amount of Each Receipt this Period 144.23

**C.** Full Name (Last, First, Middle Initial)  
Deborah K Williams  
Mailing Address 3805 Fenchurch Rd  
City State Zip Code  
Baltimore MD 21218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Occupation Dir, Fed Legislative Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt MM / DD / YYYY  
04 / 04 / 2008  
Transaction ID: 20080519cont-152  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 338.46  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 51  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Deborah K Williams

Mailing Address 3805 Fenchurch Rd

City State Zip Code  
Baltimore MD 21218

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

Name of Employer Occupation  
Baxter Dir, Fed Legislative Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-49

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Vernon Williams

Mailing Address 1601 Wyndham Court

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
Baxter VP, Baxter IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 20080519cont-166

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Vernon Williams

Mailing Address 1601 Wyndham Court

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
Baxter VP, Baxter IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** 20080519cont-63

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Subramania Yogendran		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
Mailing Address Baxter Expatriate Admin PO Box 747		<b>Transaction ID:</b> 20080519cont-201
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer Baxter	Occupation VP II, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.44	

**B.**

Full Name (Last, First, Middle Initial) Subramania Yogendran		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address Baxter Expatriate Admin PO Box 747		<b>Transaction ID:</b> 20080519cont-98
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer Baxter	Occupation VP II, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9951.09

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) All America Pac	Transaction ID: 319235bbd69db1bd336 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO Box 2888 Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement 2008 Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

B.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: f10b14f5723523fb9be Date of Disbursement 04 / 30 / 2008
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement 2010 Primary Candidate Name Blanche Lambert Lincoln	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee	Transaction ID: daab735ee7f00de5c89 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO Box 1949	Amount of Each Disbursement this Period 1000.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement 2008 General Candidate Name Richard J. Durbin	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 51

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City Plano State TX Zip Code 75086  Purpose of Disbursement 2008 General Candidate Name Sam Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9c4b7cdf51a27b0ffdc Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Gallegly for Congress  Mailing Address PO Box 940001  City Simi Valley State CA Zip Code 93094  Purpose of Disbursement 2008 Primary Candidate Name Elton Gallegly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ab13ba3c3c779c0d01b Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress  Mailing Address 200 North Main St. PO Box 712 200 North Main St. PO Box 712  City Monticello State IN Zip Code 47960  Purpose of Disbursement 2008 Primary Candidate Name Stephen E. Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: c9ba85cbd849ca6f75b Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 1000.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: f9f23c9ab0a74503d87
	Mailing Address 4201 Northview Dr, Ste 307	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2008 General Candidate Name Steny H. Hoyer	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matsui for Congress	Transaction ID: 3288186469fac09b088
	Mailing Address PO Box 1738	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Sacramento State CA Zip Code 95812	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2008 Primary Candidate Name Doris Matsui	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '08	Transaction ID: 534aaef7fb32bd235c2
	Mailing Address PO Box 1496	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Louisville State KY Zip Code 40201	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement 2008 Primary Candidate Name Mitch McConnell	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Team Sununu

Transaction ID: f31a0894498749ddadb  
Date of Disbursement

Mailing Address PO Box 500

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Rye State NH Zip Code 03870

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2008 Primary

011
Category/ Type

Candidate Name  
John E. Sununu

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NH District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00
---------

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

16500.00
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Image# 28991019924

Form/Schedule: **F3X**

Transaction ID:

\*\*\*\*\*