

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Baxter Healthcare Political Action Committee

ADDRESS (number and street) 1501 K Street, NW
 Check if different than previously reported. (ACC)
Washington DC 20005

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

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

5. Covering Period 11 01 2007 through 11 30 2007

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 12 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		43802.52
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	65961.93									
(c) Total Receipts (from Line 19)	12956.96	107716.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78918.89	151518.89								
7. Total Disbursements (from Line 31)	22600.00	95200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56318.89	56318.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	12702.65	96689.01
(i) Itemized (use Schedule A)	254.31	11027.36
(ii) Unitemized	12956.96	107716.37
(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)	12956.96	107716.37
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))	12956.96	107716.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12956.96	107716.37

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.....	20000.00	87000.00
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.....	2600.00	8200.00
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))..	22600.00	95200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22600.00	95200.00

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)	12956.96	107716.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12956.96	107716.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<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

Full Name (Last, First, Middle Initial) A. Joy A Amundson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 110 W. Onwentsia Road		Transaction ID: 71218.C32669	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 606.93	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- CVP, Pres BioScience tion		Payroll Deduction: (202.3- 1/Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4826.20			

Full Name (Last, First, Middle Initial) B. Robert H Armstrong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 133 Manchester Drive		Transaction ID: 71218.C32674	
City State Zip Code Waukesha WI 53188		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP, R & D Medical Devices tion		Payroll Deduction: (50.00- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. Donald Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 286 Whitworth		Transaction ID: 71218.C32697	
City State Zip Code Thousand Oaks CA 91360		Amount of Each Receipt this Period 190.83	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP II, Quality tion		Payroll Deduction: (63.61- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1508.46			

SUBTOTAL of Receipts This Page (optional) ▶	947.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael J Baughman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 5343 N Lakewood Avenue		Transaction ID: 71218.C32703	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0-0/Pay Period)		
Name of Employer Baxter International Inc.	Occupation CVP, Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) B. Edwin Betancourt-morales		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 101 N E 3rd Avenue, Ste 1600		Transaction ID: 71218.C32720	
City State Zip Code Ft Lauderdale FL 33301	Amount of Each Receipt this Period 123.00		
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (41.00-/Pay Period)		
Name of Employer Baxter Export Corporation	Occupation VP I, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.00		

Full Name (Last, First, Middle Initial) C. Susan Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 7707 Wisconsin Ave #412		Transaction ID: 71218.C32650	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 159.24		
FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (53.08-/Pay Period)		
Name of Employer Baxter Healthcare Corporation	Occupation Plant Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.56		

SUBTOTAL of Receipts This Page (optional) ▶	582.24
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sebastian Bufalino		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 1091 Pine Meadow Ct		Transaction ID: 71218.C32715
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 144.96	
Name of Employer Baxter International Inc.	Occupation VP, Audit	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.06	Payroll Deduction: (48.32- /Pay Period)

Full Name (Last, First, Middle Initial) B. Donna Campagna		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 30922 St Andrews Drive		Transaction ID: 71218.C32664
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Baxter IT	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	Payroll Deduction: (20.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Edward Conrad		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address 113 S Waverly Pl		Transaction ID: 71218.C32701
City Mt Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 183.60	
Name of Employer Baxter International Inc.	Occupation Dir, Tax	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.78	Payroll Deduction: (61.20- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	388.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sarah Creviston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 717 North Maple Ave.		Transaction ID: 71218.C32694	
City State Zip Code Palatine IL 60067		Amount of Each Receipt this Period 281.79	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP, Government Affairs tion		Payroll Deduction: (93.93- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2202.10	

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address Violeta 153, San Francisco		Transaction ID: 71218.C32722	
City State Zip Code San Juan PR 00927		Amount of Each Receipt this Period 124.74	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Puerto Dir, Logistics Rico		Payroll Deduction: (41.58- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 988.32	

Full Name (Last, First, Middle Initial) C. Robert M Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 21515 Hummingbird Court		Transaction ID: 71218.C32704	
City State Zip Code Kildeer IL 60047		Amount of Each Receipt this Period 455.19	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. CVP, Chief Financial Officer		Payroll Deduction: (151.7- 3/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3496.12	

SUBTOTAL of Receipts This Page (optional) ▶	861.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scot Deaths		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 28461 Hidden Hills Blvd		Transaction ID: 71218.C32682	
City State Zip Code Saugus CA 91390	Amount of Each Receipt this Period 101.67		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Plant Manager II	Payroll Deduction: (33.89- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.68		

Full Name (Last, First, Middle Initial) B. Paul Estrem		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 325 Clarewood Circle		Transaction ID: 71218.C32667	
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Finance	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. Camille I Farhat		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1052 Warrington Road		Transaction ID: 71218.C32676	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation General Manager IV	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional) ▶	401.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kevin Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 20982 Buffalo Run		Transaction ID: 71218.C32661	
City State Zip Code Kildeer IL 60047		Amount of Each Receipt this Period 189.54	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP I, Finance tion		Payroll Deduction: (63.18- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1494.81	

Full Name (Last, First, Middle Initial) B. Elizabeth Fuller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 975 Seaboard Ave		Transaction ID: 71218.C32687	
City State Zip Code Atlanta GA 30318		Amount of Each Receipt this Period 26.13	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Mgr I, State Govt Affairs tion		Payroll Deduction: (8.71- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.72	

Full Name (Last, First, Middle Initial) C. Valery E Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 14334 Spring Meadow Court		Transaction ID: 71218.C32677	
City State Zip Code Green Oaks IL 60048		Amount of Each Receipt this Period 190.80	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Dir, State Govt Affairs tion		Payroll Deduction: (63.60- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1504.78	

SUBTOTAL of Receipts This Page (optional) ▶	406.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Gatling		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 3704 Lindsay Ln		Transaction ID: 71218.C32648	
City State Zip Code Crystal Lake IL 60014	Amount of Each Receipt this Period 438.45		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Global Manufacturing Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3469.16		
		Payroll Deduction: (146.1-5/Pay Period)	

Full Name (Last, First, Middle Initial) B. Arthur J Gibson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 3775 Riverly Trace		Transaction ID: 71218.C32675	
City State Zip Code Marietta GA 30067	Amount of Each Receipt this Period 145.38		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Environ Health & Safety		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 726.90		
		Payroll Deduction: (48.46-/Pay Period)	

Full Name (Last, First, Middle Initial) C. John Greisch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 2636 Chesapeake Lane		Transaction ID: 71218.C32716	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 228.46		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, President - International		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.28		
		Payroll Deduction: (228.4-6/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	812.29
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<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

Full Name (Last, First, Middle Initial) A. John Greisch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 2636 Chesapeake Lane		Transaction ID: 71218.C32802	
City State Zip Code Northbrook IL 60062		Amount of Each Receipt this Period 7.72	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. CVP, President - International		Payroll Deduction: (7.72/- Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Lawrence Guiheen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1653 Vista Oaks Way		Transaction ID: 71218.C32640	
City State Zip Code Westlake Vilage CA 91361		Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corporation President V		Payroll Deduction: (35.00-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) C. Andrew C Hayes		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1620 Timber Woods Lane		Transaction ID: 71218.C32678	
City State Zip Code Libertyville IL 60048		Amount of Each Receipt this Period 176.97	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corporation Sr Dir, Marketing		Payroll Deduction: (58.99-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 648.89	

SUBTOTAL of Receipts This Page (optional) ▶	289.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Worth Holder Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 42 Jamestown Court		Transaction ID: 71218.C32713	
City State Zip Code Grayslake IL 60030	Amount of Each Receipt this Period 133.35		Receipt Payroll Deduction: (44.45- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter International Inc.	Occupation VP II, Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1057.08		

Full Name (Last, First, Middle Initial) B. Irene Jakimcius		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 2208 Wesley Ave.		Transaction ID: 71218.C32707	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 225.81		Receipt Payroll Deduction: (75.27- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1765.16		

Full Name (Last, First, Middle Initial) C. James Kamienski		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 6312 N Keating		Transaction ID: 71218.C32649	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 157.44		Receipt Payroll Deduction: (52.48- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1247.46		

SUBTOTAL of Receipts This Page (optional) ▶	516.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Keeley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 22606 Bridle		Transaction ID: 71218.C32684	
City State Zip Code Kildeer IL 60047		Amount of Each Receipt this Period 141.66	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Marketing	Payroll Deduction: (47.22- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1122.42		

Full Name (Last, First, Middle Initial) B. Jane Kiernan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 525 W. Roscoe, #3W		Transaction ID: 71218.C32662	
City State Zip Code Chicago IL 60657		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation General Manager III	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) C. Marie G Kissel		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1 Baxter Pkwy c/o Gerald Lema		Transaction ID: 71218.C32717	
City State Zip Code Deerfield IL 60015		Amount of Each Receipt this Period 215.58	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter World Trade Corporation	Occupation Dir, Fed Legislative Affairs	Payroll Deduction: (71.86- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1708.86		

SUBTOTAL of Receipts This Page (optional) ▶	477.24
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Edward A Langan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1605 Highland Avenue		Transaction ID: 71218.C32638	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Sales	Payroll Deduction: (75.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) B. Susan R Lichtenstein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1257 W Wrightwood Ave		Transaction ID: 71218.C32705	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 588.45		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation CVP, General Counsel	Payroll Deduction: (196.1- 5/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4679.92		

Full Name (Last, First, Middle Initial) C. Raymond Linder Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 246 Montclair Road		Transaction ID: 71218.C32666	
City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 111.93		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, HR	Payroll Deduction: (37.31- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.58		

SUBTOTAL of Receipts This Page (optional) ▶	925.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ronald K Lloyd		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1694 Falling Star Ave.		Transaction ID: 71218.C32665	
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation General Manager IV	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 421 North Wheaton Ave		Transaction ID: 71218.C32714	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 173.07		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Tax	Payroll Deduction: (57.69- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.05		

Full Name (Last, First, Middle Initial) C. Brian W Magerkurth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 4218 Third Street Lane NW		Transaction ID: 71218.C32671	
City State Zip Code Hickory NC 28601	Amount of Each Receipt this Period 172.44		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation VP II, Global Supply Chain	Payroll Deduction: (57.48- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1366.20		

SUBTOTAL of Receipts This Page (optional) ▶	495.51
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Healthcare Corporation

Occupation
VP I, Mfg Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
801.13

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 71218.C32654

Amount of Each Receipt this Period
218.49

Receipt

Payroll Deduction: (72.83- /Pay Period)

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

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code
Bayamon PR 00959

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

Name of Employer
Baxter Healthcare Puerto Rico

Occupation
Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1089.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 71218.C32721

Amount of Each Receipt this Period
137.31

Receipt

Payroll Deduction: (45.77- /Pay Period)

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

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code
Deerfield IL 60015

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

Name of Employer
Baxter International Inc.

Occupation
CVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3807.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 71218.C32710

Amount of Each Receipt this Period
478.86

Receipt

Payroll Deduction: (159.6- 2/Pay Period)

SUBTOTAL of Receipts This Page (optional)	834.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kevin Mcculloch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 730 Greenwood Avenue		Transaction ID: 71218.C32689	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 179.43		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Transition Services	Payroll Deduction: (59.81- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1422.72		

Full Name (Last, First, Middle Initial) B. Bruce Mcgillivray		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 151 Ridge Lane		Transaction ID: 71218.C32685	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 461.55		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President Renal	Payroll Deduction: (153.8- 5/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3615.48		

Full Name (Last, First, Middle Initial) C. Frank Monteleone		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 4620 Forest Edge Lane		Transaction ID: 71218.C32691	
City State Zip Code Long Grove IL 60047	Amount of Each Receipt this Period 138.45		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, IT	Payroll Deduction: (46.15- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1223.46		

SUBTOTAL of Receipts This Page (optional) ▶	779.43
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Barbara Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 924 N. Saratoga Dr.		Transaction ID: 71218.C32655	
City Palatine	State IL	Zip Code 60074	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, HR	Payroll Deduction: (10.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 14601 N Somerset Circle		Transaction ID: 71218.C32690	
City Libertyville	State IL	Zip Code 60048	Amount of Each Receipt this Period 79.59
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation Asst General Counsel	Payroll Deduction: (26.53- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.06		

Full Name (Last, First, Middle Initial) C. Peter Omalley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 791 Summit Avenue		Transaction ID: 71218.C32696	
City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period 135.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP/GM II	Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00		

SUBTOTAL of Receipts This Page (optional) ▶	244.59
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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
Baxter Healthcare Corporation

Occupation
Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1270.08

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: 71218.C32686

Amount of Each Receipt this Period
159.93

Receipt

Payroll Deduction: (53.31- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Virginia Pringle

Mailing Address 6655 Bobby Jones Ct

City State Zip Code
Palmetto FL 34221

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Mgr II, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
729.26

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: 71218.C32659

Amount of Each Receipt this Period
93.21

Receipt

Payroll Deduction: (31.07- /Pay Period)

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
Baxter International Inc.

Occupation
Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
368.69

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: 71218.C32711

Amount of Each Receipt this Period
158.01

Receipt

Payroll Deduction: (52.67- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	411.15
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
David Rohrbach

Mailing Address 10 Hawkes Court

City State Zip Code
Bridgewater NJ 08807

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 71218.C32683

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (10.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Jill A Rowison

Mailing Address Apt 818 777 St NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Baxter Healthcare Corpora- Mgr, Federal Govt Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 71218.C32679

Amount of Each Receipt this Period
57.69

Receipt

Payroll Deduction: (19.23- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Fredrick Ruda

Mailing Address 1316 Ashland Ave.

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Finance
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 71218.C32668

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	147.69
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph Russo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 27928 Periwinkle Lane		Transaction ID: 71218.C32692	
City State Zip Code Valencia CA 91354	Amount of Each Receipt this Period 87.09		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Envir Health & Safety		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.33		
		Payroll Deduction: (29.03- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Roibin Ryan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1419 W Berteau		Transaction ID: 71218.C32708	
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 274.41		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Deputy General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2165.70		
		Payroll Deduction: (91.47- /Pay Period)	

Full Name (Last, First, Middle Initial) C. James K Saccaro		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address Baxter Expat Admin PO Box 747		Transaction ID: 71218.C32719	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 149.82		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter World Trade Corporation	Occupation VP II, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1172.02		
		Payroll Deduction: (49.94- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	511.32
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David P Scharf		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 931 Oak Street		Transaction ID: 71218.C32706
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 155.76	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (51.92- /Pay Period)
Name of Employer Baxter International Inc.	Occupation CVP, Corporate Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1215.72	

Full Name (Last, First, Middle Initial) B. Chandra Sekhar		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 1621 Mission Hills Rd Unit 211		Transaction ID: 71218.C32639
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 159.96	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (53.32- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1265.88	

Full Name (Last, First, Middle Initial) C. John P Shannon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 432 Utley		Transaction ID: 71218.C32695
City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt Payroll Deduction: (50.00- /Pay Period)
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1129.04	

SUBTOTAL of Receipts This Page (optional) ▶	465.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Deborah Spak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1555 Stratford		Transaction ID: 71218.C32712	
City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 36.39		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation Dir, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.24		
		Payroll Deduction: (12.13- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Donald Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 910 W Cypress Drive		Transaction ID: 71218.C32699	
City State Zip Code Arlington Heights IL 60005	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter International Inc.	Occupation VP, Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		
		Payroll Deduction: (40.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Daniel Tasse		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 95 Spring Street		Transaction ID: 71218.C32670	
City State Zip Code New Providence NJ 07974	Amount of Each Receipt this Period 324.51		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2579.40		
		Payroll Deduction: (108.1- 7/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	480.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Karenann Terrell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 914 Queens Lanes		Transaction ID: 71218.C32709	
City State Zip Code Glenview IL 60025		Amount of Each Receipt this Period 576.93	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter International Inc. CVP, Chief Information Officer		Payroll Deduction: (192.3-1/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4615.44	

Full Name (Last, First, Middle Initial) B. Onelia Vera-littrell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 619 Oleander Drive		Transaction ID: 71218.C32693	
City State Zip Code Hallandale FL 33009		Amount of Each Receipt this Period 281.46	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corporation Asst General Counsel		Payroll Deduction: (93.82-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2204.12	

Full Name (Last, First, Middle Initial) C. Kenneth R Webb		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 31385 W. Somerset Circle		Transaction ID: 71218.C32673	
City State Zip Code Green Oaks IL 60048		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corporation VP, Customer Svc & E-Commerce		Payroll Deduction: (10.00-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	888.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cheryl White		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 4069 Mayfield Street		Transaction ID: 71218.C32698	
City State Zip Code Newbury Park CA 91320		Amount of Each Receipt this Period 403.86	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- CVP, Quality tion		Payroll Deduction: (134.6- 2/Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		3192.40	

Full Name (Last, First, Middle Initial) B. Deborah K Williams		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 3805 Fenchurch Rd		Transaction ID: 71218.C32680	
City State Zip Code Baltimore MD 21218		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- Dir, Fed Legislative Affairs tion		Payroll Deduction: (50.00- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		600.00	

Full Name (Last, First, Middle Initial) C. Vernon Williams		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1601 Wyndham Court		Transaction ID: 71218.C32688	
City State Zip Code Santa Ana CA 92705		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Baxter Healthcare Corpora- VP, Baxter IT tion		Payroll Deduction: (50.00- /Pay Period)	
Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1200.00	

SUBTOTAL of Receipts This Page (optional) ▶	703.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 33	
	(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

Mailing Address S Yogendran PO Box 747

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation VP II, Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **984.83**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: 71218.C32718

Amount of Each Receipt this Period

129.81							
--------	--	--	--	--	--	--	--

Receipt

Payroll Deduction: (43.27- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	129.81
TOTAL This Period (last page this line number only)	12702.65

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 33

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

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

Full Name (Last, First, Middle Initial) A. Melissa Bean for Congress		Transaction ID: 71218.E824 Date of Disbursement 11 / 27 / 2007	
Mailing Address P. O. Box 3068		Amount of Each Disbursement this Period 5000.00	
City Barrington	State IL	Zip Code 60011-	
Purpose of Disbursement		Category/ Type	
Candidate Name MELISSA LUBURICH BEAN		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08		

Full Name (Last, First, Middle Initial) B. Melissa Bean for Congress		Transaction ID: 71218.E823 Date of Disbursement 11 / 27 / 2007	
Mailing Address P. O. Box 3068		Amount of Each Disbursement this Period 3500.00	
City Barrington	State IL	Zip Code 60011-	
Purpose of Disbursement		Category/ Type	
Candidate Name MELISSA LUBURICH BEAN		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08		

Full Name (Last, First, Middle Initial) C. Friends of Roy Blunt		Transaction ID: 71218.E830 Date of Disbursement 11 / 27 / 2007	
Mailing Address PO Box 278		Amount of Each Disbursement this Period 1500.00	
City Strafford	State MO	Zip Code 65757-0278	
Purpose of Disbursement		Category/ Type	
Candidate Name ROY BLUNT		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 07		

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Doggett for U.S. Congress		Transaction ID: 71218.E831 Date of Disbursement 11 / 27 / 2007	
Mailing Address 138 D St SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-1810	Purpose of Disbursement	Category/Type	
Candidate Name LLOYD A MR. DOGGETT		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anna Eshoo For Congress		Transaction ID: 71218.E825 Date of Disbursement 11 / 27 / 2007	
Mailing Address 555 Capitol Mall		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95814-4602	Purpose of Disbursement	Category/Type	
Candidate Name ANNA ESHOO		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hatch Election Committee		Transaction ID: 71218.E826 Date of Disbursement 11 / 27 / 2007	
Mailing Address 175 S West Temple Ste 650 Suite 650		Amount of Each Disbursement this Period 2000.00	
City Salt Lake City State UT Zip Code 84101-1422	Purpose of Disbursement	Category/Type	
Candidate Name ORRIN G HATCH		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. John Lewis for Congress		Transaction ID: 71218.E828 Date of Disbursement 11 / 27 / 2007	
Mailing Address 219 3rd St SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-1904	Purpose of Disbursement <input type="checkbox"/> Category/ <input type="checkbox"/> Type	Candidate Name JOHN MR. LEWIS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	

Full Name (Last, First, Middle Initial) B. Matsui for Congress		Transaction ID: 71218.E829 Date of Disbursement 11 / 27 / 2007	
Mailing Address PO Box 1738		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95812-1738	Purpose of Disbursement <input type="checkbox"/> Category/ <input type="checkbox"/> Type	Candidate Name DORIS MATSUI	
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) ▼	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	

Full Name (Last, First, Middle Initial) C. Mitch McConnell		Transaction ID: 71218.E820 Date of Disbursement 11 / 27 / 2007	
Mailing Address 400 N Capitol St NW #585		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20001-	Purpose of Disbursement <input type="checkbox"/> Category/ <input type="checkbox"/> Type	Candidate Name MITCH MCCONNELL	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

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

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

Full Name (Last, First, Middle Initial) A. Price for Congress		Transaction ID: 71218.E827 Date of Disbursement																					
Mailing Address PO Box 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	7	/	2	0	0	7														
City Roswell	State GA	Zip Code 30077-0425	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	1000.00																				
Candidate Name DAVID PRICE		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NC	District: 04																						

Full Name (Last, First, Middle Initial) B. Rogers for Congress		Transaction ID: 71218.E822 Date of Disbursement																					
Mailing Address 1327 E Michigan Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	7	/	2	0	0	7														
City Lansing	State MI	Zip Code 48912-2104	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	1000.00																				
Candidate Name MICHAEL J ROGERS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI	District: 08																						

Full Name (Last, First, Middle Initial) C. Adam Schiff for Congress		Transaction ID: 71218.E821 Date of Disbursement																					
Mailing Address 35 S Raymond Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	7	/	2	0	0	7														
City Pasadena	State CA	Zip Code 91105-3701	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	1000.00																				
Candidate Name ADAM SCHIFF		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 29																						

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	20000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Jane Nelson Campaign Full Name (Last, First, Middle Initial) Jane Nelson Campaign Mailing Address 1235 S Main St Ste 280 City Grapevine State TX Zip Code 76051-7546 Purpose of Disbursement TX STATE SENATE/DISTRICT 12 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71218.E832 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 1000.00
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B. Dan Patrick Campaign Full Name (Last, First, Middle Initial) Dan Patrick Campaign Mailing Address 1220 Colorado St Ste 100 Suite 100 City Austin State TX Zip Code 78701-1851 Purpose of Disbursement TX STATE SENATE/DISTRICT 7 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71218.E834 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 1100.00
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C. Patrick Rose Campaign Full Name (Last, First, Middle Initial) Patrick Rose Campaign Mailing Address 1220 Colorado St Ste 100 City Austin State TX Zip Code 78701-1851 Purpose of Disbursement TX STATE HOUSE/DISTRICT 45 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71218.E833 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 500.00
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SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	2600.00