

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2007 through 03 31 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 04 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 61519.46 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 9113.78 | 27830.72 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 70633.24 | 71633.24 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 6000.00 | 7000.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 64633.24 | 64633.24 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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 | 8729.58 | 20376.41 |
| (i) Itemized (use Schedule A) | 384.20 | 7454.31 |
| (ii) Unitemized | 9113.78 | 27830.72 |
| (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) | 9113.78 | 27830.72 |
| 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)) | 9113.78 | 27830.72 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9113.78 | 27830.72 |

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..... | 6000.00 | 7000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 6000.00 | 7000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 6000.00 | 7000.00 |

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) | 9113.78 | 27830.72 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9113.78 | 27830.72 |
| 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 / 24 |
| | <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 03 / 09 / 2007 | |
| Mailing Address 110 W. Onwentsia Road | | Transaction ID: 70417.C31254 | |
| City State Zip Code Lake Forest IL 60045 | | Amount of Each Receipt this Period 404.62 | |
| 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) ▼ 1184.62 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Robert H Armstrong | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 133 Manchester Drive | | Transaction ID: 70417.C31259 | |
| City State Zip Code Waukesha WI 53188 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Baxter Healthcare Corpora- 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) ▼ 300.00 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Donald Baker | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 286 Whitworth | | Transaction ID: 70417.C31277 | |
| City State Zip Code Thousand Oaks CA 91360 | | Amount of Each Receipt this Period 121.16 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Baxter Healthcare Corpora- VP II, Quality tion | | Payroll Deduction: (60.58- /Pay Period) | |
| Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 363.48 | | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 625.78 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 24 |
| | <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 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 International Inc. CVP, Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31283

Amount of Each Receipt this Period
200.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

B. 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 International Inc. VP, Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 279.30

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31295

Amount of Each Receipt this Period
93.10

Receipt

Payroll Deduction: (46.55-/Pay Period)

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 International Inc. Dir, Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.18

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31281

Amount of Each Receipt this Period
119.06

Receipt

Payroll Deduction: (59.53-/Pay Period)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 412.16 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 24 |
| | <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)
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 Healthcare Corpora- VP, Government Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 511.36

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31274

Amount of Each Receipt this Period
180.00

Receipt

Payroll Deduction: (90.00- /Pay Period)

B. 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 Healthcare Puerto Dir, Logistics
Rico

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 239.88

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31301

Amount of Each Receipt this Period
79.96

Receipt

Payroll Deduction: (39.98- /Pay Period)

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

Mailing Address 21515 Hummingbird Court

City State Zip Code
Kildeer IL 60047

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

Name of Employer Occupation
Baxter International Inc. CVP, Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 764.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31284

Amount of Each Receipt this Period
303.46

Receipt

Payroll Deduction: (151.7- 3/Pay Period)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 563.42 |
| 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 / 24 |
| | <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) Paul Estrem Mailing Address 325 Clarewood Circle City Grayslake State IL Zip Code 60030 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 Transaction ID: 70417.C31252 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period) |
| Name of Employer: Baxter Healthcare Corporation Occupation: VP II, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Camille I Farhat Mailing Address 1052 Warrington Road City Deerfield State IL Zip Code 60015 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 Transaction ID: 70417.C31260 Amount of Each Receipt this Period 100.00 Receipt Payroll Deduction: (50.00- /Pay Period) |
| Name of Employer: Baxter Healthcare Corporation Occupation: General Manager IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 832 Foxmoor Lane City Lake Zurich State IL Zip Code 60047 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 Transaction ID: 70417.C31247 Amount of Each Receipt this Period 121.74 Receipt Payroll Deduction: (60.87- /Pay Period) |
| Name of Employer: Baxter Healthcare Corporation Occupation: VP I, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.57 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 321.74 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 24 |
| | <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. Valery E Gallagher | | Date of Receipt MM / DD / YYYY 03 / 09 / 2007 |
| Mailing Address 400 Cross Arm Drive | | Transaction ID: 70417.C31262 |
| City Grayslake | State IL | Zip Code 60030 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 122.30 |
| Name of Employer Baxter Healthcare Corporation | Occupation Dir, State Govt Affairs | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 359.98 | Payroll Deduction: (61.15- /Pay Period) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. James Gatling | | Date of Receipt MM / DD / YYYY 03 / 09 / 2007 |
| Mailing Address 3704 Lindsay Ln | | Transaction ID: 70417.C31233 |
| City Crystal Lake | State IL | Zip Code 60014 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 292.30 |
| Name of Employer Baxter Healthcare Corporation | Occupation CVP, Global Manufacturing Ops | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 838.46 | Payroll Deduction: (146.1- 5/Pay Period) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. John Greisch | | Date of Receipt MM / DD / YYYY 03 / 09 / 2007 |
| Mailing Address 2636 Chesapeake Lane | | Transaction ID: 70417.C31296 |
| City Northbrook | State IL | Zip Code 60062 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 456.92 |
| Name of Employer Baxter International Inc. | Occupation CVP, President - International | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1336.92 | Payroll Deduction: (228.4- 6/Pay Period) |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 871.52 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lawrence Guiheen | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 1653 Vista Oaks Way | | Transaction ID: 70417.C31225 | |
| City State Zip Code Westlake Vilage CA 91361 | | Amount of Each Receipt this Period 70.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Baxter Healthcare Corpora-tion President V | | Payroll Deduction: (35.00- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Worth Holder Jr | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 42 Jamestown Court | | Transaction ID: 70417.C31292 | |
| City State Zip Code Grayslake IL 60030 | | Amount of Each Receipt this Period 85.66 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Baxter International Inc. VP II, Business Development | | Payroll Deduction: (42.83- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 256.98 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Irene Jakimcius | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 2208 Wesley Ave. | | Transaction ID: 70417.C31287 | |
| City State Zip Code Evanston IL 60201 | | Amount of Each Receipt this Period 144.24 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Occupation Baxter International Inc. Assoc General Counsel | | Payroll Deduction: (72.12- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 410.30 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 299.90 |
| 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 12 / 24 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. James Kamienski | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 |
| Mailing Address 6312 N Keating | | Transaction ID: 70417.C31235 |
| City Chicago | State IL | Zip Code 60646 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.94 |
| Name of Employer Baxter Healthcare Corporation | Occupation VP II, Manufacturing | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 302.82 | Payroll Deduction: (50.47- /Pay Period) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Robert Keeley | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 |
| Mailing Address 22606 Bridle | | Transaction ID: 70417.C31264 |
| City Kildeer | State IL | Zip Code 60047 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 90.82 |
| Name of Employer Baxter Healthcare Corporation | Occupation VP II, Marketing | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 272.46 | Payroll Deduction: (45.41- /Pay Period) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Jane Kiernan | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 |
| Mailing Address 525 W. Roscoe #3W | | Transaction ID: 70417.C31248 |
| City Chicago | State IL | Zip Code 60657 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Baxter Healthcare Corporation | Occupation General Manager III | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | Payroll Deduction: (40.00- /Pay Period) |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 271.76 |
| 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 13 / 24 |
| | <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)
Marie G Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation Dir, Fed Legislative Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 415.38

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31297

Amount of Each Receipt this Period
138.46

Receipt

Payroll Deduction: (69.23- /Pay Period)

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

Mailing Address 1605 Highland Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Baxter Healthcare Corporation VP II, Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31223

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (75.00- /Pay Period)

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 Occupation
Baxter International Inc. CVP, General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1149.22

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31285

Amount of Each Receipt this Period
392.30

Receipt

Payroll Deduction: (196.1- 5/Pay Period)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 680.76 |
| 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 14 / 24 |
| | <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. Ronald K Lloyd | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 1694 Falling Star Ave. | | Transaction ID: 70417.C31251 | |
| City State Zip Code Westlake Village CA 91362 | Amount of Each Receipt this Period 100.00 | | |
| 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 ▼ 300.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Matthew Lykken | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 421 North Wheaton Ave | | Transaction ID: 70417.C31294 | |
| City State Zip Code Wheaton IL 60187 | Amount of Each Receipt this Period 101.92 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Baxter International Inc. | Occupation VP, Tax | Payroll Deduction: (50.96- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 305.76 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Brian W Magerkurth | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 4218 Third Street Lane NW | | Transaction ID: 70417.C31256 | |
| City State Zip Code Hickory NC 28601 | Amount of Each Receipt this Period 110.52 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Baxter Healthcare Corporation | Occupation VP II, Global Supply Chain | Payroll Deduction: (55.26- /Pay Period) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 331.56 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 312.44 |
| 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 / 24 |
| | <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)
Teresita Martinez-santini

Mailing Address A-1 Atenas Street Repto Flamingo

City State Zip Code
Bayamon PR 00959

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

Name of Employer Occupation
Baxter Healthcare Puerto Rico Dir, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.86

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31300

Amount of Each Receipt this Period
88.62

Receipt

Payroll Deduction: (44.31- /Pay Period)

B. 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 Occupation
Baxter International Inc. CVP, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 934.64

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31290

Amount of Each Receipt this Period
319.24

Receipt

Payroll Deduction: (159.6- 2/Pay Period)

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

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Baxter Healthcare Corpora- tion General Manager III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31270

Amount of Each Receipt this Period
115.38

Receipt

Payroll Deduction: (57.69- /Pay Period)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 523.24 |
| 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 / 24 |
| | <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)
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 Healthcare Corpora- CVP, President Renal
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 846.18

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31265

Amount of Each Receipt this Period
307.70

Receipt

Payroll Deduction: (153.8-
5/Pay Period)

B. Full Name (Last, First, Middle Initial)
Frank Monteleone

Mailing Address 4620 Forest Edge Lane

City State Zip Code
Long Grove IL 60047

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Baxter IT
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 392.76

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31272

Amount of Each Receipt this Period
130.92

Receipt

Payroll Deduction: (65.46-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
Richard Moss

Mailing Address 264 Leonard Wood South #207

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Strategy & Bus Development
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31261

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

| | |
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| SUBTOTAL of Receipts This Page (optional) | 538.62 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 24 |
| | <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) Peter Omalley Mailing Address 563 Greenway Drive City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 Transaction ID: 70417.C31276 Amount of Each Receipt this Period 90.00 Receipt Payroll Deduction: (45.00- /Pay Period) |
| Name of Employer Occupation Baxter Healthcare Corpora- VP/GM II tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 270.00 | | |

| | | |
|---|--|--|
| 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 | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 Transaction ID: 70417.C31293 Amount of Each Receipt this Period 1006.16 Receipt Payroll Deduction: (503.0- 8/Pay Period) |
| Name of Employer Occupation Baxter International Inc. Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2852.32 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Shannon W. Penberthy Mailing Address 3214 Porter Street, NW City State Zip Code Washington DC 20008 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 Transaction ID: 70417.C31257 Amount of Each Receipt this Period 160.00 Receipt Payroll Deduction: (80.00- /Pay Period) |
| Name of Employer Occupation Baxter Healthcare Corpora- Dir, Fed Legislative Affairs tion Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 480.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1256.16 |
| 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 / 24 |
| | <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 Healthcare Corporation Sr Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.50

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31266

Amount of Each Receipt this Period
103.50

Receipt

Payroll Deduction: (51.75- /Pay Period)

B. 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 Occupation
Baxter International Inc. Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.24

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31288

Amount of Each Receipt this Period
173.08

Receipt

Payroll Deduction: (86.54- /Pay Period)

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

Mailing Address Baxter Expatriate Admin 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.10

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31299

Amount of Each Receipt this Period
94.24

Receipt

Payroll Deduction: (47.12- /Pay Period)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 370.82 |
| 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 / 24 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. David P Scharf | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 |
| Mailing Address 931 Oak Street | | Transaction ID: 70417.C31286 |
| City State Zip Code Winnetka IL 60093 | Amount of Each Receipt this Period 103.84 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer Baxter International Inc. | Occupation CVP, Corporate Secretary | Payroll Deduction: (51.92- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 281.16 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Victor Schmitt | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 |
| Mailing Address 699 Bluff Road | | Transaction ID: 70417.C31246 |
| City State Zip Code Lake Bluff IL 60044 | Amount of Each Receipt this Period 77.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Pres, Venture Management | Payroll Deduction: (38.50- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 231.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Chandra Sekhar | | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 |
| Mailing Address 1621 Mission Hills Rd Unit 211 | | Transaction ID: 70417.C31224 |
| City State Zip Code Northbrook IL 60062 | Amount of Each Receipt this Period 102.04 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation VP II, Mfg Strategic Planning | Payroll Deduction: (51.02- /Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 306.12 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 282.88 |
| 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 20 / 24 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. John P Shannon | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 432 Utley | | Transaction ID: 70417.C31275 | |
| City State Zip Code Elmhurst IL 60126 | | Amount of Each Receipt this Period 88.58 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Baxter Healthcare Corporation | | Occupation VP I, Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 265.74 | |
| | | Payroll Deduction: (44.29- /Pay Period) | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Donald Sullivan | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 910 W Cypress Drive | | Transaction ID: 70417.C31279 | |
| City State Zip Code Arlington Heights IL 60005 | | Amount of Each Receipt this Period 80.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Baxter International Inc. | | Occupation VP, Risk Management | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 240.00 | |
| | | Payroll Deduction: (40.00- /Pay Period) | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Daniel Tasse | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 95 Spring Street | | Transaction ID: 70417.C31255 | |
| City State Zip Code New Providence NJ 07974 | | Amount of Each Receipt this Period 216.34 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Baxter Healthcare Corporation | | Occupation General Manager IV | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 632.34 | |
| | | Payroll Deduction: (108.1- 7/Pay Period) | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 384.92 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 24 |
| | <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. Karenann Terrell | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 |
| Mailing Address 914 Queens Lanes | | Transaction ID: 70417.C31289 |
| City State Zip Code Glenview IL 60025 | Amount of Each Receipt this Period 384.62 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Baxter International Inc. | Occupation 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 ▼ 1153.86 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Onelia Vera-littrell | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 |
| Mailing Address 619 Oleander Drive | | Transaction ID: 70417.C31273 |
| City State Zip Code Hallandale FL 33009 | Amount of Each Receipt this Period 180.76 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Baxter Healthcare Corpora-tion | Occupation Asst General Counsel | Payroll Deduction: (90.38-/Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 515.36 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Cheryl White | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 |
| Mailing Address 4069 Mayfield Street | | Transaction ID: 70417.C31278 |
| City State Zip Code Newbury Park CA 91320 | Amount of Each Receipt this Period 269.24 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Baxter Healthcare Corpora-tion | Occupation CVP, Quality | Payroll Deduction: (134.6-2/Pay Period) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.24 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 834.62 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 22 / 24 |
| | (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)
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 Healthcare Corpora- VP, Baxter IT
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31269

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

B. 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 Corpora- VP II, Finance
ation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 236.52

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70417.C31298

Amount of Each Receipt this Period
78.84

Receipt

Payroll Deduction: (39.42- /Pay Period)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 178.84 |
| TOTAL This Period (last page this line number only) | ▶ | 8729.58 |

**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 23 / 24

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Anna Eshoo For Congress | | Transaction ID: 70417.E761 | |
| Mailing Address 555 Capitol Mall | | Date of Disbursement 03 / 28 / 2007 | |
| City Sacramento | State CA | Zip Code 95814-4602 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name ANNA ESHOO | | | |
| 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: 14 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Kirk for Congress | | Transaction ID: 70417.E763 | |
| Mailing Address 28 Green Bay Rd | | Date of Disbursement 03 / 28 / 2007 | |
| City Winnetka | State IL | Zip Code 60093-4006 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name MARK STEVEN KIRK | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: IL | District: 10 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends for Jim McDermott | | Transaction ID: 0308200719E760 | |
| Mailing Address 7102 Poplar Ave | | Date of Disbursement 03 / 08 / 2007 | |
| City Takoma Park | State MD | Zip Code 20912-4674 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | Category/Type | |
| Candidate Name JAMES A MCDERMOTT | | | |
| 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: WA | District: 7 | | |

| | |
|--|----------------|
| 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 24 / 24

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Pallone for Congress | | Transaction ID: 0308200719E759 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 |
| Mailing Address PO Box 3176 | | Amount of Each Disbursement this Period 1000.00 |
| City Long Branch | State NJ | |
| Zip Code 07740-3176 | | |
| Purpose of Disbursement | | |
| Candidate Name FRANK JR PALLONE | | 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: NJ District: 06 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Heath Shuler for Congress Committee | | Transaction ID: 70417.E762 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address PO Box 97 | | Amount of Each Disbursement this Period 1000.00 |
| City Hazelwood | State NC | |
| Zip Code 28738-0097 | | |
| Purpose of Disbursement | | |
| Candidate Name JOSEPH HEATH SHULER | | 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: 11 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Upton for All of Us | | Transaction ID: 70417.E764 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address PO Box 490 | | Amount of Each Disbursement this Period 1000.00 |
| City Saint Joseph | State MI | |
| Zip Code 49085-0490 | | |
| Purpose of Disbursement | | |
| Candidate Name FREDERICK STEPHEN UPTON | | 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: 06 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | 6000.00 |