

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 6 11 55 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

C00117838                      060498                      P 254  
 STEVEN E KANE  
 BAXTER HEALTHCARE CORPORATION  
 POLITICAL ACTION COMMITTEE  
 ONE BAXTER PARKWAY/BLDG 5-2W  
 DEERFIELD    IL 60015

2. FEC IDENTIFICATION NUMBER  
 C00117838  
 3.  This committee has qualified as a multicandidate  
 committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

- February 20     June 20             October 20  
 March 20        July 20             November 20  
 April 20         August 20         December 20  
 May 20            September 20     January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	04/01/98 through 06/30/98		
6. (a)	Cash on Hand January 1, 19 98		\$ 12,697.03
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 26,925.95	
6. (c)	Total Receipts (from Line 19)	\$ 14,714.89	\$ 44,293.81
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,640.84	\$ 56,990.84
7.	Total Disbursements (from Line 30)	\$ 7,400.00	\$ 22,750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 34,240.84	\$ 34,240.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

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

Type or Print Name of Treasurer  
Steven E. Kane

Signature of Treasurer 

Date  
7/1/98

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

FEC FORM 3X  
(revised 9/83)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Baxter Healthcare Corporation Political Action Committee	FROM 04/01/98	TO: 06/30/98	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	12,795.04	40,035.92	11(a)(i)
i. Itemized (use Schedule A)	1,919.85	4,257.89	11(a)(ii)
ii. Unitemized			
iii. Total (add i and ii) >	14,714.89	44,293.81	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) >	14,714.89	44,293.81	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,714.89	44,293.81	19
20. Total Federal Receipts (subtract line 18 from line 19) >	14,714.89	44,293.81	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,400.00	22,750.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,400.00	22,750.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	7,400.00	22,750.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	14,714.89	44,293.81	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,714.89	44,293.81	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 7

FOR LINE NUMBER 11(a)1

**Contributions from Individuals**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Griffith T. Lewis 823 Furlong Dr. Libertyville, IL 60048	Baxter Healthcare Corporation	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry M.J. Kraemer 936 Seneca Rd. Wilmette, IL 60091	Baxter International, Inc.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 4,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberto Perez 5657 Oakwood Circle Long Grove, IL 60047	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Division President		
	Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Enrique Martinez Rio Duey AA-9, Rio Hondo Bayamon, PR 00961	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Gatling 3704 Lindsey Ln. Crystal Lake, IL 60014	Baxter Healthcare Corp.	Payroll deduction	\$2 per pay period x 7 = \$14.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Vice Pres.		
	Aggregate Year-to-Date > \$ 2,026.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carlos Antoni #40 Medici St. San Juan, PR 00926	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah M. Gregg 2385 N. Vernon St. Arlington, VA 22207	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$ 500.00		

**SUBTOTAL of Receipts This Page (optional)** ..... 14.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 7

FOR LINE NUMBER 11(a)i

**Contributions from Individuals**

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

**NAME OF COMMITTEE (in Full)** Baxter Healthcare Corporation  
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael McEvoy 1413 Sunnyside Beach Dr. McHenry, IL 60050	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stuart Foster 22181 Westcliff Mission Viejo, CA 92692	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Division President		
		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marvin L. Miller 10 Waddington Ave. W. Orange, NJ 07052	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Division President		
		Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gretchen Winter 1116 W. Webster Chicago, IL 60614	Baxter International, Inc.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael A. Mussallem 770 E. Woodland Rd. Lake Forest, IL 60045	Baxter Healthcare Corp.	Payroll deduction	\$10 per pay period x 7 = \$70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Vice President		
		Aggregate Year-to-Date > \$ 3,070.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Joseph 7 Briarwood Lan. Lincolnshire, IL 60069	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Vice President		
		Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carlos Del Salto 2415 Sea Island Dr. Ft. Lauderdale, FL 33301	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President		
		Aggregate Year-to-Date > \$ 3,000.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 70.00

**TOTAL This Period (last page this line number only)** ..... 70.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 7  
FOR LINE NUMBER 11(a)i

**Contributions from Individuals**

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

**NAME OF COMMITTEE (in Full)** Baxter Healthcare Corporation  
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Kaeley 22606 Bridle Trail Kildeer, IL 60047	Baxter Healthcare Corp.	--	--
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Richard Newman 635 Bent Creek Ridge Deerfield, IL 60015	Baxter Healthcare Corp.	4/6/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Robert Cossey Route 5, Box 155 Marion, NC 28752	Baxter Healthcare Corp.	5/5/98 & Payroll deduction	\$1,000.00 & \$5 per pay period x 7 = \$35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 1,065.00		
D. Full Name, Mailing Address and ZIP Code Richard McWhorter 3706 Great Hill Rd. Crystal Lake, IL 60012	Baxter Healthcare Corp.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 444.00		
E. Full Name, Mailing Address and ZIP Code Sally Miltenberger 12 Mulberry Dr. Hawthorn Woods, IL 60047	Baxter Healthcare Corp.	Payroll deduction	\$45 per pay period x 7 = \$315.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 495.00		
F. Full Name, Mailing Address and ZIP Code Joel A. Tune 42418 N. Center Antioch, IL 60002	Baxter Healthcare Corp.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 440.00		
G. Full Name, Mailing Address and ZIP Code Gregory P. Young 227 S. Kennicott Arlington Heights, IL 60005	Baxter Healthcare Corp.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Division President Aggregate Year-to-Date > \$ 480.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	3,190.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 7

FOR LINE NUMBER 11(a)i

**Contributions from Individuals**

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

**NAME OF COMMITTEE (in Full)** Baxter Healthcare Corporation  
Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> David K. Pierce 4110 Jody Court Rolling Meadows, IL 60008</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> General Manager</p> <p>Aggregate Year-to-Date &gt; \$ 240.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$20 per pay period x 7 = \$140.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Margaret Foss 187 Willow Pkwy. Buffalo Grove, IL 60089</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> Vice President</p> <p>Aggregate Year-to-Date &gt; \$ 400.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$40 per pay period x 7 = \$280.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Leo Martis 5524 Oldwood Long Grove, IL 60047</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> Vice President</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$25 per pay period x 7 = \$175.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> David V. Bacehowski 33136 Lakeshore Dr. Wildwood, IL 60030</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> Vice President</p> <p>Aggregate Year-to-Date &gt; \$ 220.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$20 per pay period x 7 = \$140.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Victor Schmitt 714 Birch Rd. Lake Bluff, IL 60044</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> Division President</p> <p>Aggregate Year-to-Date &gt; \$ 385.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$38.50 per pay period x 7 = \$269.50</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Richard L. Miller 2725 Obelisco Ct. Carlsbad, CA 92009</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> Division President</p> <p>Aggregate Year-to-Date &gt; \$ 489.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$39 per pay period x 7 = \$273.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Steven E. Kane 2452 N. Janssen Ave. Chicago, IL 60614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Baxter Healthcare Corp.</p> <p><b>Occupation</b> Vice President</p> <p>Aggregate Year-to-Date &gt; \$ 340.00</p>	<p><b>Date (month, day, year)</b> Payroll deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$40 per pay period x 7 = 280.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 1,557.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 7  
FOR LINE NUMBER 11(a)1

**Contributions from Individuals**

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

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> James H. Austin 1521 N. North Park Chicago, IL 60610</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter Healthcare Corp.</b></p> <p>Occupation <b>Vice President</b></p> <p>Aggregate Year-to-Date <math>\\$ 240.00</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$40 per pay period x 6 = \$240.00</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Vernon R. Loucks, Jr. 1051 S. Mar-Lane Drive Lake Forest, IL 60045</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter International, Inc.</b></p> <p>Occupation <b>Chairman</b></p> <p>Aggregate Year-to-Date <math>\\$ 2,222.22</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$192.30 per pay period x 7 = \$1,346.10</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> John L. Quick 166 Buckley Rd. Barrington Hills, IL 60010</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter International, Inc.</b></p> <p>Occupation <b>Corporate Vice Pres.</b></p> <p>Aggregate Year-to-Date <math>\\$ 960.00</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$80 per pay period x 7 = \$560.00</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Dennis R. Owczarski 33859 N. Fischer Dr. Ingleside, IL 60041</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter International, Inc.</b></p> <p>Occupation <b>Vice President</b></p> <p>Aggregate Year-to-Date <math>\\$ 280.00</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$40 per pay period x 7 = \$280.00</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> William Blackburn 1647 RFD Bernay Ln. Long Grove, IL 60047</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter Healthcare Corp.</b></p> <p>Occupation <b>Vice President</b></p> <p>Aggregate Year-to-Date <math>\\$ 302.00</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$25 per pay period x 7 = \$175.00</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> A. Gerard Sieck 126 Wisner St. Park Ridge, IL 60068</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter International, Inc.</b></p> <p>Occupation <b>Vice President</b></p> <p>Aggregate Year-to-Date <math>\\$ 520.00</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$40 per pay period x 7 = \$280.00</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Jill Herron Carter 1489 Heritage Ct. Lake Forest, IL 60045</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>Baxter International, Inc.</b></p> <p>Occupation <b>Vice President</b></p> <p>Aggregate Year-to-Date <math>\\$ 300.00</math></p>	<p>Date (month, day, year) <b>Payroll deduction</b></p>	<p>Amount of Each Receipt This Period <b>\$25 per pay period x 7 = \$175.00</b></p>

<p><b>SUBTOTAL of Receipts This Page (optional)</b> .....</p>	<p><b>3,056.10</b></p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 11(1)1

**Contributions from Individuals**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Sullivan 910 W. Cypress Dr. Arlington Heights, IL 60005	Baxter International, Inc.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > 6 400.00	
John F. Gaither, Jr. 501 Rockefeller Lake Forest, IL 60045	Baxter International, Inc.	Payroll deduction	\$60 per pay period x 7 = \$420.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corporate Vice Pres.	Aggregate Year-to-Date > \$ 730.00	
Brian P. Anderson 1703 Violet Ct. Highland Park, IL 60035	Baxter International, Inc.	Payroll deduction	\$120 per pay period x 7 = \$840.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corporate Vice Pres.	Aggregate Year-to-Date > \$ 1,370.00	
Michael J. Tucker 1051 W. Inverleith Rd. Lake Forest, IL 60045	Baxter International, Inc.	Payroll deduction	\$115 per pay period x 5 = \$575.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	Aggregate Year-to-Date > \$ 575.00	
David C. McKee 228 Surrey Lane Lake Forest, IL 60045	Baxter International, Inc.	Payroll deduction	\$77 per pay period x 7 = \$539.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Deputy Gen'l Cnsl.	Aggregate Year-to-Date > \$ 867.00	
Mary L. Barker 36131 N. Springbrook Lane Gurnee, IL 60031	Baxter International, Inc.	Payroll deduction	\$50 per pay period x 7 = \$350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 600.00	
Javier Henao P.O. Box 747 Deerfield, IL 60015	Baxter Healthcare Corp.	Payroll deduction	\$38.46 per pay period x 7 = \$269.22
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Division President	Aggregate Year-to-Date > \$ 499.98	

**SUBTOTAL** of Receipts This Page (optional) ..... 3,273.22

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 7

FOR LINE NUMBER 11(a)i

**Contributions from Individuals**

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

**NAME OF COMMITTEE (in Full)** Baxter Healthcare Corporation  
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claudia J. Becker 12702 N.W. 20th St. Pembroke Pines, FL 33028	Baxter Healthcare Corp.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 440.00	
William L. Rice 3502 Crystal Ln. Davie, FL 33330	Baxter Healthcare Corp.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 360.00	
Gary H. Carraway 1105 Waterbrook Ln. Weston, FL 33326	Baxter Healthcare Corp.	Payroll deduction	\$40 per pay period x 7 = \$280.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 360.00	
John H. Kehl, Jr. 24891 Village Wood Ln. El Toro, CA 92630	Baxter Healthcare Corp.	Payroll deduction	\$25 per pay period x 7 = \$175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 285.00	
Anita Bessler 25721 Dillon Rd. Laguna Hills, CA 92654	Baxter Healthcare Corp.	Payroll deduction	\$50 per pay period x 7 = \$350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Division President	Aggregate Year-to-Date > \$ 550.00	
Laura Brooks 80 Corsica Dr. Newport Beach, CA 92660	Baxter Healthcare Corp.	Payroll deduction	\$38.46 per pay period x 7 = \$269.22
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 423.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1,634.22
<b>TOTAL</b> This Period (last page this line number only) .....	12,795.04

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

Contributions to Federal Candidates

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Moseley-Braun for U.S. Senate 236 Massachusetts Ave., N.E. #202 Washington, DC 20002	Re-elect Carol Moseley-Braun, U.S. Senate, IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	1,000.00
David McIntosh for Congress Committee 4010 Franconia Rd. Alexandria, VA 22310-2136	Re-elect David McIntosh, Congress, IN, 2nd Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	500.00
Taylor for Congress P.O. Box 2355 Asheville, NC 28801	Re-elect Charles Taylor, Congress, NC, 11th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	500.00
The Committee to Re-elect Loretta Sanchez 12553 S. Harbor Blvd. Garden Grove, CA 92840	Re-elect Loretta Sanchez, Congress, CA, 146th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	500.00
Mikulski for Senate 711 W. 40th St., Ste. 450 Baltimore, MD 21211	Re-elect Barbara Mikulski, U.S. Senate, Maryland Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/98	1,000.00
Hastert for Congress Committee c/o 6344 Cavalier Corridor Falls Church, VA 22044-1203	Re-elect Denny Hastert, Congress, IL, 14th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/98	500.00
Porter for Congress P.O. Box 7126 Deerfield, IL 60015	Re-elect John Porter, Congress, IL, 10th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/98	900.00
Weller for Congress P.O. Box 37 Joliet, IL 60432	Re-elect Jerry Weller, Congress, IL, 11th Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/98	500.00
Frist 2000 4205 Hillsboro Rd., Ste. 306 Nashville, TN 37215-3336	Re-elect Bill Frist, U.S. Senate, Tennessee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/98	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....	6,400.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

**Contributions to Federal Candidates**

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

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation  
Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Re-elect John McCain, U.S. Senate, Arizona Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
McCain for Senate '98 1130 E. Missouri #112 Phoenix, AZ 85014		5/26/98	1,000.00
<del>B. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>C. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>D. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>E. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>F. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>G. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>H. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>
<del>I. Full Name, Mailing Address and ZIP Code</del>	<del>Purpose of Disbursement</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Disbursement This Period</del>

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

7,400.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED  
7-1-98

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other ( Specify): Postmarked  
and/or Date of Receipt

Electronic Filing

*JmH*  
PREPARER

*7-6-98*  
DATE PREPARED