

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 25
10/16/2000 14 : 56

1. NAME OF COMMITTEE (in full) Baxter Healthcare Corporation Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 800 Conn. Ave NW Suite 1100 800 Conn. Ave NW Suite 1100	2. FEC IDENTIFICATION NUMBER C00117838
CITY, STATE, and ZIP CODE Washington DC 20006-	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type)
- election on 01/01/1998 In the State of DC
- Thirtieth day 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
5. Covering Period <u>09/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		34701.22
(b) Cash on Hand at Beginning of Reporting Period	33476.41	
(c) Total Receipts (from line 19)	8372.47	55688.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41848.88	90369.38
7. Total Disbursements (from line 30)	26500.00	75020.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15348.88	15348.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by Sarah M. Gregg		
Signature of Treasurer	Date 10/16/2000	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Baxter Healthcare Corporation Political Action Committee		REPORT COVERING PERIOD FROM 09/01/2000 TO: 09/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7375.37	39688.24	11.a.i.
ii. Unitemized	999.10	13779.82	11.a.ii.
iii. Total	8372.47	53668.16	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	8372.47	53668.16	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	2000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	8372.47	55668.16	19.
20. Total Federal Receipts	8372.47	55668.16	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	20.50	21.b.
c. Total Operating Expenditures	0.00	20.50	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	28500.00	75000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	28500.00	75020.50	30.
31. Total Federal Disbursements	28500.00	75020.50	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8372.47	53668.16	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	8372.47	53668.16	34.
35. Total Federal Operating Expenditures	0.00	20.50	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	20.50	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Jennifer M Adams 203 Bride Path Lane Fox River Grove IL 60021- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Area VP, Sales Aggregate Year-to-Date > \$ 180.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Jennifer M Adams 203 Bride Path Lane Fox River Grove IL 60021- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Area VP, Sales Aggregate Year-to-Date > \$ 180.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Jennifer M Adams 203 Bride Path Lane Fox River Grove IL 60021- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Area VP, Sales Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Brian P Anderson 1703 Violet Court Highland Park IL 60035- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation SVP/CFO Aggregate Year-to-Date > \$ 2160.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 120.00
Full Name, Mailing Address, and ZIP Code Brian P Anderson 1703 Violet Court Highland Park IL 60035- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation SVP/CFO Aggregate Year-to-Date > \$ 2280.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 120.00
Full Name, Mailing Address, and ZIP Code Brian P Anderson 1703 Violet Court Highland Park IL 60035- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation SVP/CFO Aggregate Year-to-Date > \$ 2400.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 120.00
Full Name, Mailing Address, and ZIP Code Timothy B Anderson 49 Green Bay Rd Lake Bluff IL 60044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation Group VP - BHC Aggregate Year-to-Date > \$ 1800.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 100.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) Baxter Healthcare Corporation Political Action Committee					
Full Name, Mailing Address, and ZIP Code Timothy B Anderson 49 Green Bay Rd Lake Bluff IL 60044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation Group VP - BHC Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Timothy B Anderson 49 Green Bay Rd Lake Bluff IL 60044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation Group VP - BHC Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Paul O Ashba 1482 Burhaven Drive Rochester Hills MI 48306- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Counsel Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code Paul O Ashba 1482 Burhaven Drive Rochester Hills MI 48306- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Counsel Aggregate Year-to-Date > \$ 475.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code Paul O Ashba 1482 Burhaven Drive Rochester Hills MI 48306- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Counsel Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code David V Bacehowski 33138 Lakeshore Drive Wildwood IL 60030- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Research Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 20.00		
Full Name, Mailing Address, and ZIP Code David V Bacehowski 33136 Lakeshore Drive Wildwood IL 60030- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Research Aggregate Year-to-Date > \$ 380.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 25
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NAME OF COMMITTEE (In Full) Baxter Healthcare Corporation Political Action Committee					
Full Name, Mailing Address, and ZIP Code David V Bacehowski 33136 Lakeshore Drive Wildwood IL 60030- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP, Research Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 20.00		
Full Name, Mailing Address, and ZIP Code Claudia J Becker 12702 Nw 20th St Pembroke Pines FL 33028- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Export Corporation Occupation Dir, Quality Aggregate Year-to-Date > \$ 780.50	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 44.10		
Full Name, Mailing Address, and ZIP Code Claudia J Becker 12702 Nw 20th St Pembroke Pines FL 33028- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Export Corporation Occupation Dir, Quality Aggregate Year-to-Date > \$ 824.60	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 44.10		
Full Name, Mailing Address, and ZIP Code Claudia J Becker 12702 Nw 20th St Pembroke Pines FL 33028- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Export Corporation Occupation Dir, Quality Aggregate Year-to-Date > \$ 868.70	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 44.10		
Full Name, Mailing Address, and ZIP Code William R Blackburn 1647 Rfd Bernay Lane Long Grove IL 60047- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Corp Environmental Affairs Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code William R Blackburn 1647 Rfd Bernay Lane Long Grove IL 60047- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Corp Environmental Affairs Aggregate Year-to-Date > \$ 475.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code William R Blackburn 1647 Rfd Bernay Lane Long Grove IL 60047- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Corp Environmental Affairs Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 25.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 25
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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation Political Action Committee

Full Name, Mailing Address, and ZIP Code Donna C Bower 5535 Chevy Chase Pkwy Nw Washington DC 20015- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 30.69
	Occupation Dir, Legislative Affairs	Aggregate Year-to-Date > \$ 245.52	
Full Name, Mailing Address, and ZIP Code Donna C Bower 5535 Chevy Chase Pkwy Nw Washington DC 20015- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 30.69
	Occupation Dir, Legislative Affairs	Aggregate Year-to-Date > \$ 276.21	
Full Name, Mailing Address, and ZIP Code Donna C Bower 5535 Chevy Chase Pkwy Nw Washington DC 20015- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 30.69
	Occupation Dir, Legislative Affairs	Aggregate Year-to-Date > \$ 306.90	
Full Name, Mailing Address, and ZIP Code Donald H Buchholz Md 25910 W Timberlake Road Barrington IL 60010- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
	Occupation VP II, Clinical Affairs	Aggregate Year-to-Date > \$ 190.00	
Full Name, Mailing Address, and ZIP Code Donald H Buchholz Md 25910 W Timberlake Road Barrington IL 60010- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00
	Occupation VP II, Clinical Affairs	Aggregate Year-to-Date > \$ 190.00	
Full Name, Mailing Address, and ZIP Code Donald H Buchholz Md 25910 W Timberlake Road Barrington IL 60010- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00
	Occupation VP II, Clinical Affairs	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Cynthia L Collins 1920 Waterford Court Highland Park IL 60035- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 49.12
	Occupation VP II, Bus Mng & Dev	Aggregate Year-to-Date > \$ 294.72	

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code Cynthia L Collins 1920 Waterford Court Highland Park IL 60035-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 49.12
	Occupation VP II, Bus Pmg & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 343.84		
Full Name, Mailing Address, and ZIP Code Cynthia L Collins 1920 Waterford Court Highland Park IL 60035-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 49.12
	Occupation VP II, Bus Pmg & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 392.96		
Full Name, Mailing Address, and ZIP Code John H Corcoran 999 Georgetowne Lane Barrington IL 60010-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
	Occupation General Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 180.00		
Full Name, Mailing Address, and ZIP Code John H Corcoran 999 Georgetowne Lane Barrington IL 60010-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00
	Occupation General Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 190.00		
Full Name, Mailing Address, and ZIP Code John H Corcoran 999 Georgetowne Lane Barrington IL 60010-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00
	Occupation General Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code David F Drohan 20557 Amherst Ln Barrington IL 60010-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
	Occupation Corp VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 180.00		
Full Name, Mailing Address, and ZIP Code David F Drohan 20557 Amherst Ln Barrington IL 60010-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00
	Occupation Corp VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 190.00		
SUBTOTALS of Receipts This Page (Optional)			
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Baxter Healthcare Corporation Political Action Committee

Full Name, Mailing Address, and ZIP Code David F Drohan 20557 Amherst Ln Barrington IL 60010- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00
	Occupation Corp VP Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Margaret Foss 2254 Carlyle Ct Buffalo Grove IL 60089- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 40.00
	Occupation VP II, Quality Aggregate Year-to-Date > \$ 720.00		
Full Name, Mailing Address, and ZIP Code Margaret Foss 2254 Carlyle Ct Buffalo Grove IL 60089- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00
	Occupation VP II, Quality Aggregate Year-to-Date > \$ 760.00		
Full Name, Mailing Address, and ZIP Code Margaret Foss 2254 Carlyle Ct Buffalo Grove IL 60089- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 40.00
	Occupation VP II, Quality Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code John F Gaither Jr 501 Rockefeller Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 99.23
	Occupation CVP, Corp Dev/Strategy Aggregate Year-to-Date > \$ 1276.15		
Full Name, Mailing Address, and ZIP Code John F Gaither Jr 501 Rockefeller Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 99.23
	Occupation CVP, Corp Dev/Strategy Aggregate Year-to-Date > \$ 1375.38		
Full Name, Mailing Address, and ZIP Code John F Gaither Jr 501 Rockefeller Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 99.23
	Occupation CVP, Corp Dev/Strategy Aggregate Year-to-Date > \$ 1474.61		

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code James M Galling 3704 Lindsay Ln Crystal Lake IL 60014- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Corp VP Aggregate Year-to-Date > \$ 1800.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code James M Galling 3704 Lindsay Ln Crystal Lake IL 60014- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Corp VP Aggregate Year-to-Date > \$ 1800.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code James M Galling 3704 Lindsay Ln Crystal Lake IL 60014- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Corp VP Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Lawrence P Guiheen 1607 Mulberry Drive Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Pres, Hyland Immuno/NA Aggregate Year-to-Date > \$ 175.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 35.00
Full Name, Mailing Address, and ZIP Code Lawrence P Guiheen 1607 Mulberry Drive Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Pres. Hyland Immuno/NA Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 35.00
Full Name, Mailing Address, and ZIP Code Lawrence P Guiheen 1607 Mulberry Drive Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Pres. Hyland Immuno/NA Aggregate Year-to-Date > \$ 245.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 35.00
Full Name, Mailing Address, and ZIP Code Michael T Heggie 1280 N Western Ave #307 Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Mgr I, Finance Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 20.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 25
				FOR LINE NUMBER	11A1
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					
Full Name, Mailing Address, and ZIP Code Michael T Heggie 1260 N Western Ave #307 Lake Forest IL 60045-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Mgr I, Finance				
Aggregate Year-to-Date > \$ 380.00					
Full Name, Mailing Address, and ZIP Code Michael T Heggie 1250 N Western Ave #307 Lake Forest IL 60045-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 20.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Mgr I, Finance				
Aggregate Year-to-Date > \$ 400.00					
Full Name, Mailing Address, and ZIP Code Richard W Hunt 925 Quaker Hill Lane Libertyville IL 60048-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP, Corporate Audit				
Aggregate Year-to-Date > \$ 180.00					
Full Name, Mailing Address, and ZIP Code Richard W Hunt 925 Quaker Hill Lane Libertyville IL 60048-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP, Corporate Audit				
Aggregate Year-to-Date > \$ 190.00					
Full Name, Mailing Address, and ZIP Code Richard W Hunt 925 Quaker Hill Lane Libertyville IL 60048-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP, Corporate Audit				
Aggregate Year-to-Date > \$ 200.00					
Full Name, Mailing Address, and ZIP Code Neville J Jeharajah 245 Bamswallow Vernon Hills IL 60061-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 76.22		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP, Financial Planning				
Aggregate Year-to-Date > \$ 1349.88					
Full Name, Mailing Address, and ZIP Code Neville J Jeharajah 245 Bamswallow Vernon Hills IL 60061-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 76.22		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP, Financial Planning				
Aggregate Year-to-Date > \$ 1426.20					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 25
				FOR LINE NUMBER 11A1	
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					
Full Name, Mailing Address, and ZIP Code Neville J. Jeharejah 245 Bamswallow Vernon Hills IL 60061-		Name of Employer Baxter International Inc.		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 76.22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP, Financial Planning			
		Aggregate Year-to-Date > \$ 1502.42			
Full Name, Mailing Address, and ZIP Code Bryan A. Krueger 1961 Oak Knoll Dr Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 46.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Region President I			
		Aggregate Year-to-Date > \$ 234.35			
Full Name, Mailing Address, and ZIP Code Bryan A. Krueger 1961 Oak Knoll Dr Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 46.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Region President I			
		Aggregate Year-to-Date > \$ 281.22			
Full Name, Mailing Address, and ZIP Code Bryan A. Krueger 1961 Oak Knoll Dr Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 46.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Region President I			
		Aggregate Year-to-Date > \$ 328.09			
Full Name, Mailing Address, and ZIP Code Bryan A. Krueger 1961 Oak Knoll Dr Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional President II			
		Aggregate Year-to-Date > \$ 153.84			
Full Name, Mailing Address, and ZIP Code Matthew E Likens 5680 Piikoi Lane Libertyville IL 60048-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional President II			
		Aggregate Year-to-Date > \$ 192.30			
Full Name, Mailing Address, and ZIP Code Matthew E Likens 5680 Piikoi Lane Libertyville IL 60048-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Regional President II			
		Aggregate Year-to-Date > \$ 230.78			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Leo Martis 5524 Oldwood Court Box 5524 Rfd Long Grove IL 60047-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 25.00
	Occupation VP, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Leo Martis 5524 Oldwood Court Box 5524 Rfd Long Grove IL 60047-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 25.00
	Occupation VP, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 475.00		
Full Name, Mailing Address, and ZIP Code Leo Martis 5524 Oldwood Court Box 5524 Rfd Long Grove IL 60047-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 25.00
	Occupation VP, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Karen J May 180 Pembroke Cr13 Lake Forest IL 60045-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 64.90
	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 349.40		
Full Name, Mailing Address, and ZIP Code Karen J May 180 Pembroke Cr13 Lake Forest IL 60045-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 64.90
	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 454.30		
Full Name, Mailing Address, and ZIP Code Karen J May 180 Pembroke Cr13 Lake Forest IL 60045-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 64.90
	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 519.20		
Full Name, Mailing Address, and ZIP Code Richard A McWhorter 3706 Great Hill Rd Crystal Lake IL 60012-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 52.68
	Occupation VP II, Manufacturing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 907.85		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 25
			FOR LINE NUMBER 11A1
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			
Full Name, Mailing Address, and ZIP Code Richard A McWhorter 3706 Great Hill Rd Crystal Lake IL 60012- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Manufacturing Aggregate Year-to-Date > \$ 5 590.53	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 52.68
Full Name, Mailing Address, and ZIP Code Richard A McWhorter 3706 Great Hill Rd Crystal Lake IL 60012- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Manufacturing Aggregate Year-to-Date > \$ 1013.21	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 52.68
Full Name, Mailing Address, and ZIP Code Tony D Mcanally 23177 N. Providence Dr Kildeer IL 60047- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Finance Aggregate Year-to-Date > \$ 340.14	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 56.69
Full Name, Mailing Address, and ZIP Code Tony D Mcanally 23177 N. Providence Dr Kildeer IL 60047- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Finance Aggregate Year-to-Date > \$ 396.83	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 56.69
Full Name, Mailing Address, and ZIP Code Tony D Mcanally 23177 N. Providence Dr Kildeer IL 60047- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Finance Aggregate Year-to-Date > \$ 453.52	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 56.69
Full Name, Mailing Address, and ZIP Code Timothy M McDonald 232 N Lincoln Park Ridge IL 60068- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Tax Aggregate Year-to-Date > \$ 897.14	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 60.58
Full Name, Mailing Address, and ZIP Code Timothy M McDonald 232 N Lincoln Park Ridge IL 60068- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Tax Aggregate Year-to-Date > \$ 957.72	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 60.58
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Timothy M McDonald 232 N Lincoln Park Ridge IL 60068- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Tax Aggregate Year-to-Date > \$ 1018.30	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 60.58
Full Name, Mailing Address, and ZIP Code Michael K Moevov 1413 Sunnyside Beach Dr McHenry IL 60050- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Engineering Aggregate Year-to-Date > \$ 184.76	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 46.19
Full Name, Mailing Address, and ZIP Code Michael K Moevov 1413 Sunnyside Beach Dr McHenry IL 60050- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Engineering Aggregate Year-to-Date > \$ 230.95	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 46.19
Full Name, Mailing Address, and ZIP Code Michael K Moevov 1413 Sunnyside Beach Dr McHenry IL 60050- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP, Engineering Aggregate Year-to-Date > \$ 277.14	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 46.19
Full Name, Mailing Address, and ZIP Code Jack McGinley 855 E Rosemary Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Group VP - BHC Aggregate Year-to-Date > \$ 180.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Jack McGinley 855 E Rosemary Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Group VP - BHC Aggregate Year-to-Date > \$ 180.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Jack McGinley 855 E Rosemary Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Group VP - BHC Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code David C Mckee 228 Surrey Lane Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 77.00	
	Occupation VP, Deputy General Counsel	Aggregate Year-to-Date > \$ 1388.00		
	Full Name, Mailing Address, and ZIP Code David C Mckee 228 Surrey Lane Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Baxter International Inc.
Occupation VP, Deputy General Counsel		Aggregate Year-to-Date > \$ 1463.00		
Full Name, Mailing Address, and ZIP Code David C Mckee 228 Surrey Lane Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 77.00
Occupation VP, Deputy General Counsel		Aggregate Year-to-Date > \$ 1540.00		
Full Name, Mailing Address, and ZIP Code Steven J Meyer 9 Kensington Dr. Lincolnshire IL 60069- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	
Occupation Treasurer - BII		Aggregate Year-to-Date > \$ 1730.70		
Full Name, Mailing Address, and ZIP Code Steven J Meyer 9 Kensington Dr. Lincolnshire IL 60069- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 96.15
Occupation Treasurer - BII		Aggregate Year-to-Date > \$ 1826.85		
Full Name, Mailing Address, and ZIP Code Steven J Meyer 9 Kensington Dr. Lincolnshire IL 60069- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	
Occupation Treasurer - BII		Aggregate Year-to-Date > \$ 1823.00		
Full Name, Mailing Address, and ZIP Code John C Moon 804 Interlaken Lane Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 64.80
Occupation Chief Information Officer		Aggregate Year-to-Date > \$ 389.40		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code John C Moon 804 Interlaken Lane Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation Chief Information Officer Aggregate Year-to-Date > \$ 454.30	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 64.90
Full Name, Mailing Address, and ZIP Code John C Moon 804 Interlaken Lane Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation Chief Information Officer Aggregate Year-to-Date > \$ 519.20	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 64.50
Full Name, Mailing Address, and ZIP Code Maria S Persky 1817 Asbury Ave. Evanston IL 60201- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Aggregate Year-to-Date > \$ 874.57	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 38.32
Full Name, Mailing Address, and ZIP Code Maria S Persky 1817 Asbury Ave. Evanston IL 60201- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Aggregate Year-to-Date > \$ 712.69	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 38.32
Full Name, Mailing Address, and ZIP Code Maria S Persky 1817 Asbury Ave. Evanston IL 60201- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Aggregate Year-to-Date > \$ 751.21	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 38.32
Full Name, Mailing Address, and ZIP Code David K Pierce 4110 Jody Court Rolling Meadows IL 60008- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation General Manager II Aggregate Year-to-Date > \$ 180.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code David K Pierce 4110 Jody Court Rolling Meadows IL 60008- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation General Manager II Aggregate Year-to-Date > \$ 190.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	17 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code David K Pierce 4110 Jody Court Rolling Meadows IL 60008-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00
	Occupation General Manager II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code John L Quick 166 Buckley Road Barrington Hills IL 60010-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 98.15
	Occupation CVP, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1536.80		
Full Name, Mailing Address, and ZIP Code John L Quick 166 Buckley Road Barrington Hills IL 60010-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 86.15
	Occupation CVP, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1833.05		
Full Name, Mailing Address, and ZIP Code John L Quick 166 Buckley Road Barrington Hills IL 60010-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 98.15
	Occupation CVP, Quality		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1729.20		
Full Name, Mailing Address, and ZIP Code Jan Reed 1500 Gordon Terrace Deerfield IL 60015-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 70.38
	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1266.84		
Full Name, Mailing Address, and ZIP Code Jan Reed 1500 Gordon Terrace Deerfield IL 60015-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 70.38
	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1337.22		
Full Name, Mailing Address, and ZIP Code Jan Reed 1500 Gordon Terrace Deerfield IL 60015-	Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 70.38
	Occupation Assoc General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1407.60		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	18 / 25
				FOR LINE NUMBER 11A1	
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					
Full Name, Mailing Address, and ZIP Code William L Rice 3502 Crystal Lane Davie FL 33330- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Finance Aggregate Year-to-Date > \$ 525.91	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 52.77		
Full Name, Mailing Address, and ZIP Code William L Rice 3502 Crystal Lane Davie FL 33330- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Finance Aggregate Year-to-Date > \$ 878.68	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 52.77		
Full Name, Mailing Address, and ZIP Code William L Rice 3502 Crystal Lane Davie FL 33330- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP II, Finance Aggregate Year-to-Date > \$ 1031.45	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 52.77		
Full Name, Mailing Address, and ZIP Code Anna S Richo 22561 Quinta Rd Woodland Hills CA 91364- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Aggregate Year-to-Date > \$ 230.76	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 38.46		
Full Name, Mailing Address, and ZIP Code Anna S Richo 22561 Quinta Rd Woodland Hills CA 91364- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Aggregate Year-to-Date > \$ 269.22	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 38.46		
Full Name, Mailing Address, and ZIP Code Anna S Richo 22561 Quinta Rd Woodland Hills CA 91364- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel Aggregate Year-to-Date > \$ 307.68	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 38.46		
Full Name, Mailing Address, and ZIP Code Thomas J Sabatino Jr 805 E. Westminster Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation CVP & General Counsel Aggregate Year-to-Date > \$ 2236.14	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 124.23		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Thomas J Sabatino Jr 805 E. Westminster Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 124.23
	Occupation CVP & General Counsel		
	Aggregate Year-to-Date > \$ 2360.37		
Full Name, Mailing Address, and ZIP Code Thomas J Sabatino Jr 805 E. Westminster Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc.	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 124.23
	Occupation CVP & General Counsel		
	Aggregate Year-to-Date > \$ 2494.60		
Full Name, Mailing Address, and ZIP Code Mary Schmidt 9408 Smithson Lane Brentwood TN 37027- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 70.20
	Occupation Pres. Customer Partnerships		
	Aggregate Year-to-Date > \$ 421.20		
Full Name, Mailing Address, and ZIP Code Mary Schmidt 9408 Smithson Lane Brentwood TN 37027- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 70.20
	Occupation Pres. Customer Partnerships		
	Aggregate Year-to-Date > \$ 491.40		
Full Name, Mailing Address, and ZIP Code Mary Schmidt 9408 Smithson Lane Brentwood TN 37027- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 70.20
	Occupation Pres. Customer Partnerships		
	Aggregate Year-to-Date > \$ 561.60		
Full Name, Mailing Address, and ZIP Code Victor W Schmitt 714 Birch Road Lake Bluff IL 60044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 38.50
	Occupation Pres. Venture Management		
	Aggregate Year-to-Date > \$ 693.00		
Full Name, Mailing Address, and ZIP Code Victor W Schmitt 714 Birch Road Lake Bluff IL 60044- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 38.50
	Occupation Pres. Venture Management		
	Aggregate Year-to-Date > \$ 731.50		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 25
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Victor W Schmitt 714 Birch Road Lake Bluff IL 60044-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 38.50
	Occupation Pres, Venture Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 770.00		
Full Name, Mailing Address, and ZIP Code Chandra Sekhar 1621 Mission Hills Rd Unit 211 Northbrook IL 60062-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 10.00
	Occupation VP, Manufacturing Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 190.00		
Full Name, Mailing Address, and ZIP Code Chandra Sekhar 1621 Mission Hills Rd Unit 211 Northbrook IL 60062-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 10.00
	Occupation VP, Manufacturing Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 190.00		
Full Name, Mailing Address, and ZIP Code Chandra Sekhar 1621 Mission Hills Rd Unit 211 Northbrook IL 60062-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 10.00
	Occupation VP, Manufacturing Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Mark J Sherman 22644 W Loon Lake Blvd Antioch IL 60002-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 25.00
	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Mark J Sherman 22644 W Loon Lake Blvd Antioch IL 60002-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 25.00
	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 390.00		
Full Name, Mailing Address, and ZIP Code Mark J Sherman 22644 W Loon Lake Blvd Antioch IL 60002-	Name of Employer Baxter Healthcare Corporation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 25.00
	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 415.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		21 / 25
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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				
Full Name, Mailing Address, and ZIP Code Jonathan B Spear 108 Oakmont Court Vienna VA 22180- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs Aggregate Year-to-Date > \$ 507.72	Date (month, day, year) 09/01/2000 Amount of Each Receipt this Period 84.62		
Full Name, Mailing Address, and ZIP Code Jonathan B Spear 105 Oakmont Court Vienna VA 22180- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs Aggregate Year-to-Date > \$ 592.34	Date (month, day, year) 09/15/2000 Amount of Each Receipt this Period 84.62		
Full Name, Mailing Address, and ZIP Code Jonathan B Spear 108 Oakmont Court Vienna VA 22180- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs Aggregate Year-to-Date > \$ 678.98	Date (month, day, year) 09/29/2000 Amount of Each Receipt this Period 84.62		
Full Name, Mailing Address, and ZIP Code Donald J Sullivan 910 W Cypress Drive Arlington Heights IL 60005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Risk Management Aggregate Year-to-Date > \$ 720.00	Date (month, day, year) 09/01/2000 Amount of Each Receipt this Period 40.00		
Full Name, Mailing Address, and ZIP Code Donald J Sullivan 910 W Cypress Drive Arlington Heights IL 60005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Risk Management Aggregate Year-to-Date > \$ 760.00	Date (month, day, year) 09/15/2000 Amount of Each Receipt this Period 40.00		
Full Name, Mailing Address, and ZIP Code Donald J Sullivan 910 W Cypress Drive Arlington Heights IL 60005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Risk Management Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 09/29/2000 Amount of Each Receipt this Period 40.00		
Full Name, Mailing Address, and ZIP Code Michael J Tucker 1051 West Inverleigh Rd Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation Sr VP HR - BII Aggregate Year-to-Date > \$ 2070.00	Date (month, day, year) 09/01/2000 Amount of Each Receipt this Period 115.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	22 / 25
					FOR LINE NUMBER 11A1
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					
Full Name, Mailing Address, and ZIP Code Michael J Tucker 1051 West Inverleigh Rd Lake Forest IL 60045-		Name of Employer Baxter International Inc.		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 115.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr VP HR - BII			
		Aggregate Year-to-Date > \$ 2185.00			
Full Name, Mailing Address, and ZIP Code Michael J Tucker 1051 West Inverleigh Rd Lake Forest IL 60045-		Name of Employer Baxter International Inc.		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 115.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Sr VP HR - BII			
		Aggregate Year-to-Date > \$ 2300.00			
Full Name, Mailing Address, and ZIP Code Joel A Tune 42418 N Center St Antioch IL 60002-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Bus Png & Dev			
		Aggregate Year-to-Date > \$ 720.00			
Full Name, Mailing Address, and ZIP Code Joel A Tune 42418 N Center St Antioch IL 60002-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Bus Png & Dev			
		Aggregate Year-to-Date > \$ 760.00			
Full Name, Mailing Address, and ZIP Code Joel A Tune 42418 N Center St Antioch IL 60002-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Bus Png & Dev			
		Aggregate Year-to-Date > \$ 800.00			
Full Name, Mailing Address, and ZIP Code James Utts 40 Quail Drive Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President V			
		Aggregate Year-to-Date > \$ 576.90			
Full Name, Mailing Address, and ZIP Code James Utts 40 Quail Drive Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President V			
		Aggregate Year-to-Date > \$ 615.36			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	23 / 25
					FOR LINE NUMBER 11A1
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					
Full Name, Mailing Address, and ZIP Code James Utts 40 Quail Drive Lake Forest IL 60045-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 38.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President V			
		Aggregate Year-to-Date > \$ 653.82			
Full Name, Mailing Address, and ZIP Code Gregory P Young 227 S. Kennicott Arlington Heights IL 60005-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President V			
		Aggregate Year-to-Date > \$ 720.00			
Full Name, Mailing Address, and ZIP Code Gregory P Young 227 S. Kennicott Arlington Heights IL 60005-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President V			
		Aggregate Year-to-Date > \$ 760.00			
Full Name, Mailing Address, and ZIP Code Gregory P Young 227 S. Kennicott Arlington Heights IL 60005-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President V			
		Aggregate Year-to-Date > \$ 800.00			
Full Name, Mailing Address, and ZIP Code William E Young 23839 Lancaster Court Deer Park IL 60010-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 51.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Quality			
		Aggregate Year-to-Date > \$ 860.73			
Full Name, Mailing Address, and ZIP Code William E Young 23839 Lancaster Court Deer Park IL 60010-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 51.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Quality			
		Aggregate Year-to-Date > \$ 812.65			
Full Name, Mailing Address, and ZIP Code William E Young 23839 Lancaster Court Deer Park IL 60010-		Name of Employer Baxter Healthcare Corporation		Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 51.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Quality			
		Aggregate Year-to-Date > \$ 964.57			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					7373.37

SCHEDULE B		ITEMIZED DISBURSEMENTS		24 / 25
		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER 23	
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				
Full Name, Mailing Address, and ZIP Code Taylor for Congress PO Box 2355 Asheville NC 28802-	Purpose of Disbursement Contribution To Committee House NC 11 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Committee to Re-elect Nancy Johnson PO Box 1986 New Britain CT 06053-	Purpose of Disbursement Contribution To Committee House CT 05 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Abraham Senate 2000 26600 Telegraph Rd 410 Southfield MI 48034-	Purpose of Disbursement Contribution To Committee Senate MI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Abraham Senate 2000 26600 Telegraph Rd 410 Southfield MI 48034-	Purpose of Disbursement Contribution To Committee Senate MI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Dreier for Congress Committee PO Box 1110 Covina CA 91722-	Purpose of Disbursement Contribution To Committee House CA 28 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Dooley for Congress PO Box 1367 Visalia CA 93279-	Purpose of Disbursement Contribution To Committee House CA 20 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Dooley for Congress PO Box 1367 Visalia CA 93279-	Purpose of Disbursement Contribution To Committee House CA 20 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 4000.00	
Full Name, Mailing Address, and ZIP Code Bill Thomas Campaign Committee PO Box 395 Bakersfield CA 93302-	Purpose of Disbursement Contribution To Committee House CA 21 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Committee to Re-elect Congressman Town 286 Highland Blvd Brooklyn NY 11207-	Purpose of Disbursement Contribution To Committee House NY 10 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		25 / 25
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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				
Full Name, Mailing Address, and ZIP Code Lazio 2000 Inc 72 East Main Street Suite 4 Babylon NY 11702-	Purpose of Disbursement Contribution To Committee Sen- ate NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Lazio 2000 Inc 72 East Main Street Suite 4 Babylon NY 11702-	Purpose of Disbursement Contribution To Committee Sen- ate NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Kildee for Congress PO Box 317 Flint MI 48501-	Purpose of Disbursement Contribution To Committee House MI-9 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ellen Tauscher for Congress 503 Capitol Court NE Suite 100 Washington DC 20002-	Purpose of Disbursement Contribution To Committee House CA 10 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Friends of Clay Shaw 4451 Brookfield Corporate Drive Charlilly VA 20151-	Purpose of Disbursement Contribution To Committee House FL 22 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Bill Nelson for US Senate PO BOX 10962 Tallahassee FL 32302-	Purpose of Disbursement Contribution To Committee Sen- ate FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mainstream America PAC 110-B East Broad St Falls Church VA 22046-	Purpose of Disbursement Contribution To Committee Lead- ership PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/27/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ferguson for Congress PO Box 4205 Warren NJ 07059-	Purpose of Disbursement Contribution To Committee House NJ 07 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				26500.00