

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 9
05/01/2001 11 : 54

1. NAME OF COMMITTEE (in full) Baxter Healthcare Political Action Committee		2. FEC IDENTIFICATION NUMBER C00117838
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	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20006-		

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 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 checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on 11/07/2000 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>04/01/2001</u> through <u>04/30/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		31884.89
(b) Cash on Hand at Beginning of Reporting Period	39184.82	
(c) Total Receipts (from line 19)	5644.08	25674.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44838.90	57338.90
7. Total Disbursements (from line 30)	5750.00	18250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39088.90	35088.90
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 05/01/2001	

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 Political Action Committee		REPORT COVERING PERIOD FROM 04/01/2001 TO: 04/30/2001	
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)	4923.02	16986.02	11.a.i.
ii. Unitemized	721.06	8588.19	11.a.ii.
iii. Total	5644.08	25674.21	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	5644.08	25674.21	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	0.00	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	5644.08	25674.21	19.
20. Total Federal Receipts	5644.08	25674.21	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	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	5750.00	18250.00	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	5750.00	18250.00	30.
31. Total Federal Disbursements	5750.00	18250.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	5644.08	25674.21	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	5644.08	25674.21	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 9
		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 Political Action Committee				
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 > \$ 1080.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 240.00	
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 > \$ 800.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Carlos M Antoni Medici 40 Paseo Del Parque San Juan PR 00926- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter S. & D. Puerto Rico Occupation VP II, Manufacturing Aggregate Year-to-Date > \$ 869.17	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 153.62	
Full Name, Mailing Address, and ZIP Code Paul G 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 > \$ 225.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Claudia J Becker 12702 Nw 20th St Pembroke Pines FL 33026- 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 > \$ 400.70	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 92.00	
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 > \$ 225.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 50.00	
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 Corpora- tion Occupation VP II, Bus Pmg & Dev Aggregate Year-to-Date > \$ 447.98	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 104.14	
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	4 / 9 FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Baxter Healthcare Political Action Committee					
Full Name, Mailing Address, and ZIP Code Margaret Foss 2254 Cartyle 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 Occupation VP II, Quality Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 80.00		
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 > \$ 869.21	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 215.38		
Full Name, Mailing Address, and ZIP Code Lawrence P Guihaen 1607 Muberry 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 > \$ 315.00	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 70.00		
Full Name, Mailing Address, and ZIP Code Neville J Jeharajah 245 Bamswalkow Vernon Hills IL 60061- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter International Inc. Occupation VP, Financial Planning Aggregate Year-to-Date > \$ 773.42	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 196.16		
Full Name, Mailing Address, and ZIP Code Bryan A. Krueger 1961 Oak Knoll Dr 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 Region President II Aggregate Year-to-Date > \$ 461.14	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 106.60		
Full Name, Mailing Address, and ZIP Code Reinaldo Leon 2121 Somerset Lane Mundelein IL 60060- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP Manufacturing Aggregate Year-to-Date > \$ 346.14	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 76.52		
Full Name, Mailing Address, and ZIP Code Leo Martis 5524 Oldwood Court Box 5524 Rfd Long Grove 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, Research Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 50.00		
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 / 9
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) Baxter Healthcare Political Action Committee					
Full Name, Mailing Address, and ZIP Code Karen J May 180 Pembroke Cr13 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 VP, Human Resources Aggregate Year-to-Date > \$ 618.74	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 147.12		
Full Name, Mailing Address, and ZIP Code Richard A McWhorter P.O. Box 6446 Incline Village NV 89450- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation Dir, Legislative Affairs Aggregate Year-to-Date > \$ 578.62	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 78.52		
Full Name, Mailing Address, and ZIP Code Tony D Mcenelly 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 Corpora- tion Occupation VP II, Finance Aggregate Year-to-Date > \$ 517.01	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 120.18		
Full Name, Mailing Address, and ZIP Code Timothy M McDonald 252 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 > \$ 550.40	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 128.34		
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 > \$ 421.27	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 97.94		
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 > \$ 649.82	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 59.48		
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 > \$ 738.38	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 88.46		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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NAME OF COMMITTEE (In Full) Baxter Healthcare Political Action Committee					
Full Name, Mailing Address, and ZIP Code Steven J Meyer 9 Kensington Dr. Lincolnshire IL 60060-		Name of Employer Baxter International Inc.		Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 203.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Treasurer - BII			
		Aggregate Year-to-Date > \$ 5 517.28			
Full Name, Mailing Address, and ZIP Code Arthur G Mollenhauer 2409 Lincolnwood Drive Evanston IL 60201-		Name of Employer Baxter Healthcare Corpora- tion		Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP II, Finance			
		Aggregate Year-to-Date > \$ 5 225.00			
Full Name, Mailing Address, and ZIP Code John C Moon 804 Interlaken Lane Libertyville IL 60048-		Name of Employer Baxter International Inc.		Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 134.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Chief Information Officer			
		Aggregate Year-to-Date > \$ 5 588.72			
Full Name, Mailing Address, and ZIP Code Dennis R Dzwczarski 33859 N Fischer Dr Inglewood IL 60041-		Name of Employer Baxter International Inc.		Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Dir, Tax			
		Aggregate Year-to-Date > \$ 5 360.00			
Full Name, Mailing Address, and ZIP Code Marla S Persky 1817 Asbury Ave. Evanston IL 60201-		Name of Employer Baxter Healthcare Corpora- tion		Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 86.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Assoc General Counsel			
		Aggregate Year-to-Date > \$ 5 374.75			
Full Name, Mailing Address, and ZIP Code John L Quick 168 Buckley Road Barrington Hills IL 60010-		Name of Employer Baxter International Inc.		Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation CVP, Quality			
		Aggregate Year-to-Date > \$ 5 800.00			
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) 04/13/2001	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Assoc General Counsel			
		Aggregate Year-to-Date > \$ 5 875.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		7 / 9
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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 > \$ 479.69	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 110.30	
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 > \$ 346.14	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 76.52	
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 > \$ 1211.58	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 269.24	
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 Occupation Pres, Customer Partnerships Aggregate Year-to-Date > \$ 637.42	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 146.02	
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 Occupation Pres, Venture Management Aggregate Year-to-Date > \$ 346.50	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 77.00	
Full Name, Mailing Address, and ZIP Code Mark J Sherman 22644 W Loon Lake Blvd Antioch IL 60002- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corporation Occupation VP, Human Resources Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 50.00	
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 > \$ 768.84	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 176.50	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		8 / 9
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NAME OF COMMITTEE (In Full) Baxter Healthcare Political Action Committee				
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 > \$ 360.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 80.00	
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 > \$ 1035.00	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 230.00	
Full Name, Mailing Address, and ZIP Code Joel A Tuna 42418 N Center St Antioch IL 60002- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP II, Bus Pmg & Dev Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 80.00	
Full Name, Mailing Address, and ZIP Code James Utts 40 Oual Drive 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 President V Aggregate Year-to-Date > \$ 346.14	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 76.92	
Full Name, Mailing Address, and ZIP Code Gregory P Young 227 S. Kennicott Arlington Heights IL 60005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation President V Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 80.00	
Full Name, Mailing Address, and ZIP Code William E Young 23539 Lancaster Court Deer Park IL 60010- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Baxter Healthcare Corpora- tion Occupation VP II, Quality Aggregate Year-to-Date > \$ 537.51	Date (month, day, year) 04/13/2001	Amount of Each Receipt this Period 123.80	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				4923.02

SCHEDULE B		ITEMIZED DISBURSEMENTS		9 / 9
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Baxter Healthcare Political Action Committee				
Full Name, Mailing Address, and ZIP Code Jerry Weller For Congress 4451 Brookfield Corporate Dr Chantilly VA 20151-	Purpose of Disbursement Contribution To Committee House IL 11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2001	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/26/2001	Amount of Each Disbursement This Period 750.00	
Full Name, Mailing Address, and ZIP Code Republican Majority Fund 319 1/2 A St. NE Washington DC 20002-	Purpose of Disbursement Contribution To Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 04/04/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Roy Blunt PO Box 278 Strafford MO 65757-	Purpose of Disbursement Contribution To Committee House MO-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Jennifer Dunn PO Box 70513 Washington DC 20003-	Purpose of Disbursement Contribution To Committee House WVA -08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Blanche Lincoln PO Box 3197 Little Rock AR 72203-	Purpose of Disbursement Contribution To Committee Senate AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			5750.00	