

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>4 / 9</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Baxter Healthcare Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Margaret Foss  2254 Cartyle Ct  Buffalo Grove IL 60089- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Baxter Healthcare Corporation  <b>Occupation</b> VP II, Quality  <b>Aggregate Year-to-Date</b> > \$ 360.00	<b>Date (month, day, year)</b> 04/13/2001	<b>Amount of Each Receipt this Period</b> 80.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Baxter Healthcare Corporation  <b>Occupation</b> Corp VP  <b>Aggregate Year-to-Date</b> > \$ 869.21	<b>Date (month, day, year)</b> 04/27/2001	<b>Amount of Each Receipt this Period</b> 215.38	
<b>Full Name, Mailing Address, and ZIP Code</b> Lawrence P Guihaen  1607 Muberry Drive  Libertyville IL 60048- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Baxter Healthcare Corporation  <b>Occupation</b> Pres, Hyland Immuno/NA  <b>Aggregate Year-to-Date</b> > \$ 315.00	<b>Date (month, day, year)</b> 04/13/2001	<b>Amount of Each Receipt this Period</b> 70.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Neville J Jeharajah  245 Bamswalkow  Vernon Hills IL 60061- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Baxter International Inc.  <b>Occupation</b> VP, Financial Planning  <b>Aggregate Year-to-Date</b> > \$ 773.42	<b>Date (month, day, year)</b> 04/27/2001	<b>Amount of Each Receipt this Period</b> 196.16	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Baxter Healthcare Corporation  <b>Occupation</b> Region President II  <b>Aggregate Year-to-Date</b> > \$ 461.14	<b>Date (month, day, year)</b> 04/27/2001	<b>Amount of Each Receipt this Period</b> 106.80	
<b>Full Name, Mailing Address, and ZIP Code</b> Reinaldo Leon  2121 Somerset Lane  Mundelein IL 60060- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Baxter Healthcare Corporation  <b>Occupation</b> VP Manufacturing  <b>Aggregate Year-to-Date</b> > \$ 346.14	<b>Date (month, day, year)</b> 04/27/2001	<b>Amount of Each Receipt this Period</b> 76.52	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Baxter Healthcare Corporation  <b>Occupation</b> VP, Research  <b>Aggregate Year-to-Date</b> > \$ 225.00	<b>Date (month, day, year)</b> 04/13/2001	<b>Amount of Each Receipt this Period</b> 50.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				