

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 12

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (In full) BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COM- MITTEE		2000 FEB -2 P 2:04
ADDRESS (number and street) One Baxter Parkway DF2-2E	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Deerfield IL 60015		3. <input checked="" type="checkbox"/> This committee has qualified as a multi- candidate committee (see FEC Form 1M)

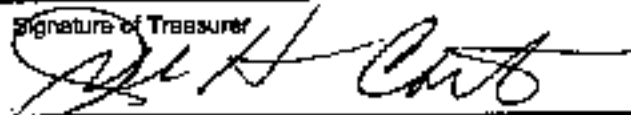
4. TYPE OF REPORT

- (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 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 _____ in the State of _____
- 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>01/01/1999</u> through <u>06/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		40865.73
(b) Cash on Hand at Beginning of Reporting Period	40865.73	
(c) Total Receipts (from line 19)	23834.51	23834.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64700.24	64700.24
7. Total Disbursements (from line 30)	41457.42	41457.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23242.82	23242.82
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 999 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 Carter, Jill H

Signature of Treasurer


Date
01/11/2000

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

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X)**

(revised 1/1/91)

NAME OF COMMITTEE BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COM- MITTEE		REPORT COVERING PERIOD FROM 01/01/1999 TO: 06/30/1999	
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)	19853.36	19853.36	11.a.i.
ii. Unitemized	3981.15	3981.15	11.a.ii.
iii. Total	23834.51	23834.51	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	23834.51	23834.51	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	23834.51	23834.51	19.
20. Total Federal Receipts	23834.51	23834.51	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	41400.00	41400.00	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	57.42	57.42	29.
30. Total Disbursements	41457.42	41457.42	30.
31. Total Federal Disbursements	41457.42	41457.42	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	23834.51	23834.51	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	23834.51	23834.51	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

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

3 / 12

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregg, Sarah 2385 N. Vernon Street Arlington VA 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter International Inc. Occupation VP Health Affairs	04/01/1999 Aggregate Year-to-Date > \$ 500.00	500.00 lump pymt.
Anderson, Brian P 1703 Violet Court Highland Park IL 60035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter International Occupation SVP/CFO	06/25/1999 Aggregate Year-to-Date > \$ 1560.00	1560.00 payroll deduction \$120 x 13 = \$1560
Ashba, Paul O 1482 Burhaven Drive Rochester Hills MI 48306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter Healthcare Corporation Occupation Corporate Counsel IV	06/25/1999 Aggregate Year-to-Date > \$ 325.00	325.00 payroll deduction \$25 x 13 = \$325
Austin Jr, James H 1521 N North Park Ave Chicago IL 60610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter Healthcare Corporation Occupation VP, Strategy	06/25/1999 Aggregate Year-to-Date > \$ 520.00	520.00 payroll deduction \$40 x 13 = \$520
Bacalowski, David V 33136 Lakeshore Drive Wilwood IL 60030 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter Healthcare Corporation Occupation VP, Research	06/25/1999 Aggregate Year-to-Date > \$ 260.00	260.00 payroll deduction \$20 x 13 = \$260
Barker, Mary L 36131 N Springbrook Lane Gurnee IL 60031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter International Occupation VP, Benefit Mgt	06/25/1999 Aggregate Year-to-Date > \$ 650.00	650.00 payroll deduction \$50. x 13 = \$650.
Becker, Claudia J 12702 Nw 20th St Pembroke Pines FL 33028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Baxter Export Corporation Occupation Dir. Quality	08/25/1999 Aggregate Year-to-Date > \$ 520.00	520.00 payroll deduction \$40. x 13 = \$520.

SUBTOTALS of Receipts This Page (Optional)

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4 / 12

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BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code Bessler, Anita 25721 Dillon Laguna Hills CA 92653	Name of Employer Baxter Healthcare Corporation Occupation Pres, CV Surgery	Date (month, day, year) 06/25/1998 payroll deduction \$50 x 13 = \$650	Amount of Each Receipt this Period 650.00 payroll deduction \$50 x 13 = \$650
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code Blackburn, William R 1847 Rfd Beman Lane Long Grove IL 60047	Name of Employer Baxter International Occupation VP, Corp Environmental Affairs	Date (month, day, year) 06/25/1998 payroll deduction \$25 x 13 = \$325	Amount of Each Receipt this Period 325.00 payroll deduction \$25 x 13 = \$325
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.00		
Full Name, Mailing Address, and ZIP Code Brooks, Laura M 13380 Via Alcantara Tuslin CA 92782	Name of Employer Baxter Healthcare Corporation Occupation VP, Communications	Date (month, day, year) 06/25/1998 payroll deduction \$38.48 x 13 = \$499.98	Amount of Each Receipt this Period 499.98 payroll deduction \$38.48 x 13 = \$499.98
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 499.98		
Full Name, Mailing Address, and ZIP Code Carter, Jill H 1489 S Heritage Court Lake Forest IL 60045	Name of Employer Baxter International Occupation VP, Corporate Communications	Date (month, day, year) 06/25/1998 payroll deduction \$25 x 13 = \$325	Amount of Each Receipt this Period 325.00 payroll deduction \$25 x 13 = \$325
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.00		
Full Name, Mailing Address, and ZIP Code Foss, Margaret 187 Willow Parkway Buffalo Grove IL 60089	Name of Employer Baxter Healthcare Corporation Occupation VP II, Quality	Date (month, day, year) 06/25/1998 payroll deduction \$40 x 13 = \$520	Amount of Each Receipt this Period 520.00 payroll deduction \$40 x 13 = \$520
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 520.00		
Full Name, Mailing Address, and ZIP Code Gaither Jr, John F 501 Rockefeller Lake Forest IL 60045	Name of Employer Baxter International Occupation CVP, Corp Devl/Strategy	Date (month, day, year) 06/25/1998 payroll deduction \$80 x 13 = \$780	Amount of Each Receipt this Period 780.00 payroll deduction \$80 x 13 = \$780
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 780.00		
Full Name, Mailing Address, and ZIP Code Henao, Javier P.O. Box 747-Expats Deerfield IL 60015	Name of Employer Baxter World Trade Occupation Pres, Baxter China	Date (month, day, year) 06/25/1998 payroll deduction \$38.46 x 13 = \$499.98	Amount of Each Receipt this Period 499.98 payroll deduction \$38.46 x 13 = \$499.98
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 499.98		
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 CORPORATION POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code Kent Jr, John H 24891 Village Wood Lane El Toro CA 92630	Name of Employer Baxter Healthcare Corporation Occupation VP II, Bus Ping & Dev	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period \$25.00 $\$25. \times 13 = \$325.$
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.00		
Full Name, Mailing Address, and ZIP Code Loucka Jr, Vernon R 203 N Greenbay Rd Lake Forest IL 60045	Name of Employer Baxter International Occupation Chairman & CEO	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period 2499.90 $\$182.30 \times 13 = \2499.90
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2499.90		
Full Name, Mailing Address, and ZIP Code Martis, Leo 5524 Oldwood Court Box 5524 Rfd Long Grove IL 60047	Name of Employer Baxter Healthcare Corporation Occupation VP, Research	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period 325.00 $\$25. \times 13 = \$325.$
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 325.00		
Full Name, Mailing Address, and ZIP Code McKee, David C 228 Suney Lane Lake Forest IL 60045	Name of Employer Baxter International Occupation VP, Deputy General Counsel	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period 1001.00 $\$77.00 \times 13 = \$1001.$
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1001.00		
Full Name, Mailing Address, and ZIP Code McWhorter, Richard A 3706 Great Hill Rd Crystal Lake IL 60012	Name of Employer Baxter Healthcare Corporation Occupation VP II, Manufacturing	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period 520.00 $\$40. \times 13 = \$520.$
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 520.00		
Full Name, Mailing Address, and ZIP Code Miller, Richard L 2725 Obalisco Court Carlsbad CA 92009	Name of Employer Baxter Healthcare Corporation Occupation Pres, Critical Care	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period 507.00 $\$39. \times 13 = \$507.$
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 507.00		
Full Name, Mailing Address, and ZIP Code Millenberger, Sally S 12 Mulberry Drive Hawthorn Woods IL 60047	Name of Employer Baxter Healthcare Corporation Occupation VP II, Quality	Date (month, day, year) 06/25/1999 payroll deduction	Amount of Each Receipt this Period 585.00 $\$45. \times 13 = \$585.$
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 585.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

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6 / 12

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**NAME OF COMMITTEE (In Full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code Dwczarak, Dennis R 33859 N Fischer Dr Inglekale IL 60041	Name of Employer Baxter International Occupation VP, Tax	Date (month, day, year) 06/25/1999 payroll deduction \$40. x 13 = \$520.	Amount of Each Receipt this Period 520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.00		
Full Name, Mailing Address, and ZIP Code Plamca, David K 4110 Jody Court Rolling Meadows IL 60008	Name of Employer Baxter Healthcare Corporation Occupation VP/GM, Drug Delivery	Date (month, day, year) 06/25/1999 payroll deduction \$20. x 13 = \$260.00	Amount of Each Receipt this Period 260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Full Name, Mailing Address, and ZIP Code Quick, John L 186 Buckley Road Barrington Hills IL 60010	Name of Employer Baxter International Occupation CVP, Quality	Date (month, day, year) 06/25/1999 payroll deduction \$80. x 13 = \$1040.	Amount of Each Receipt this Period 1040.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1040.00		
Full Name, Mailing Address, and ZIP Code Rice, William L 3502 Crystal Lane Davie FL 33330	Name of Employer Baxter Export Corporation Occupation VP II, Finance	Date (month, day, year) 06/25/1999 payroll deduction \$40. x 13 = \$520.	Amount of Each Receipt this Period 520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.00		
Full Name, Mailing Address, and ZIP Code Schmitt, Victor W 714 Birch Road Lake Bluff IL 60044	Name of Employer Baxter Healthcare Corporation Occupation Pres, Venture Management	Date (month, day, year) 06/25/1999 payroll deduction \$38.50 x 13 = \$500.50	Amount of Each Receipt this Period 500.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.50		
Full Name, Mailing Address, and ZIP Code Sherman, Mark J 22644 W Loon Lake Blvd Antioch IL 60002	Name of Employer Baxter Healthcare Corporation Occupation VP, Human Resources	Date (month, day, year) 06/25/1999 payroll deduction \$20. x 13 = \$260.	Amount of Each Receipt this Period 260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Full Name, Mailing Address, and ZIP Code Sullivan, Donald J 910 W Cypress Drive Arlington Heights IL 60005	Name of Employer Baxter International Occupation VP, Risk Management	Date (month, day, year) 06/25/1999 payroll deduction \$40. x 13 = \$520.	Amount of Each Receipt this Period 520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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7 / 12

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**NAME OF COMMITTEE (In Full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tucker, Michael J 1031 West Inverleigh Rd Lake Forest IL 60045	Baxter International	06/25/1999	1495.00 payroll deduction \$115. x 13 = \$1495.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr VP HR - BII		
	Aggregate Year-to-Date > \$	1495.00	
Tune, Joel A 42418 N Center St Antioch IL 60002	Baxter Healthcare Corporation	06/25/1999	520.00 payroll deduction \$40.00 x 13 = \$520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP II, Bus Plng & Dev		
	Aggregate Year-to-Date > \$	520.00	
Young, Gregory P 227 S. Kennicott Arlington Heights IL 60005	Baxter Healthcare Corporation	06/25/1999	520.00 payroll deduction \$40.00 x 13 = \$520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pres. Eis/Prod/Syst		
	Aggregate Year-to-Date > \$	520.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

19853.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

8 / 12

FOR LINE NUMBER
23

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**NAME OF COMMITTEE (in Full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FUND FOR A FREE MARKET AMERICA 613 S TAYLOR ST ARLINGTON VA 22204	House-IL-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/14/1999	1000.00
Illinois State Society 3700 Fort Worth Avenue Alexandria VA 22304	House IL 14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	01/07/1999	2000.00
LIEBERMAN 2000 COMMITTEE P O BOX 231294 STATE HOUSE SQUARE HARTFORD CT 06128	(Senate - CT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	01/11/1999	1000.00
FRIST 2000 INC 4205 HILLSBORO ROAD SUITE 308 NASHVILLE TN 37215	(Senate - TN - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	01/15/1999	1000.00
NEW DEMOCRAT NETWORK 501 CAPITOL COURT NE SUITE 200 WASHINGTON DC 20002	House and Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	01/21/1999	2000.00
FITZGERALD FOR SENATE INC 50 NORTH BROCKWAY STREET SUITE 4-9 PALATINE IL 60067	(Senate - IL - 00) also used for debt reduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/25/1999	5000.00
FRIST 2000 INC 4205 HILLSBORO ROAD SUITE 308 NASHVILLE TN 37215	(Senate - TN - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/28/1999	1000.00
JUDY BIGGERT FOR CONGRESS PO BOX 837 HINSDALE IL 60522	(House - IL - 13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/26/1999	500.00
KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAAC) PO BOX 18277 WASHINGTON DC 20036	House - IL - 14 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/28/1999	2500.00

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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9 / 12

FOR LINE NUMBER
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**NAME OF COMMITTEE (In Full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name, Mailing Address, and ZIP Code DAVID MARTIN MCINTOSH 1401 WEST UNIVERSITY MUNCIE IN 47303</p>	<p>Purpose of Disbursement (House - IN - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 02/26/1999</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code LIEBERMAN 2000 COMMITTEE P O BOX 281294 STATE HOUSE SQUARE HARTFORD CT 06123</p>	<p>Purpose of Disbursement (Senate - CT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 03/04/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code FRIENDS OF DICK DURBIN COMMITTEE P O BOX 1949 SPRINGFIELD IL 62705</p>	<p>Purpose of Disbursement (Senate - IL - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 03/17/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code HATCH ELECTION COMMITTEE 257 EAST 200 SOUTH SUITE 950 SALT LAKE CITY UT 84111</p>	<p>Purpose of Disbursement (Senate - UT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 03/17/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code HATCH ELECTION COMMITTEE 257 EAST 200 SOUTH SUITE 950 SALT LAKE CITY UT 84111</p>	<p>Purpose of Disbursement (Senate - UT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 03/25/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code ANNA ESHOO FOR CONGRESS 555 CAPITOL MALL SUITE 1425 SACRAMENTO CA 95814</p>	<p>Purpose of Disbursement (House - CA - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/22/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code CRANE FOR CONGRESS COMMITTEE PO BOX 8534 ROLLING MEADOWS IL 60008</p>	<p>Purpose of Disbursement (House - IL - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/22/1999</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Elton Gallaghy for Congress 4451 Brookfield Corporate Dr. Suite 200 Chantilly VA 20151</p>	<p>Purpose of Disbursement House - CA- 23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/22/1999</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Friends of Jim Rhoades Committee 1000 E. Center St. Mahanoy City PA 17948</p>	<p>Purpose of Disbursement PA/29 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 04/22/1999</p>	<p>Amount of Each Disbursement This Period 250.00</p>

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 12
					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 JEFFORDS FOR VERMONT P.O. BOX 246 C/O SUSAN RUSS MONTPELIER VT 05601		Purpose of Disbursement (Senate - VT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/22/1999	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Jerry Weller for Congress 4451 Brookfield Corporate Dr Suite 200 Chantilly PA 20151		Purpose of Disbursement House - IL - 11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/22/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code MIKE BILIRAKIS FOR CONGRESS P O BOX 1077 TARPON SPRINGS FL 34888		Purpose of Disbursement (House - FL - 09) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/22/1999	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code PORTER FOR CONGRESS 1920 EAST CAPITOL AVENUE #205 BISMARCK ND 58501		Purpose of Disbursement (House - ND - 00) House - IL - 10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/22/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code TRENT LOTT FOR MISSISSIPPI PO BOX 22824 JACKSON MS 39225		Purpose of Disbursement (Senate - MS - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/22/1999	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code NEW DEMOCRAT NETWORK 501 CAPITOL COURT NE SUITE 200 WASHINGTON DC 20002		Purpose of Disbursement Senate & House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/14/1999	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code PORTER FOR CONGRESS 1920 EAST CAPITOL AVENUE #205 BISMARCK ND 58501		Purpose of Disbursement (House - ND - 00) House - IL - 10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/14/1999	Amount of Each Disbursement This Period 4500.00
Full Name, Mailing Address, and ZIP Code RUSH HOLT FOR CONGRESS PO BOX 782 PENNINGTON NJ 08534		Purpose of Disbursement (House - NJ - 12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/14/1999	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code The Henry J. Hyde for Congress Committee P.O. Box 332 Des Plaines IL 60016		Purpose of Disbursement House - IL - 6th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/14/1999	Amount of Each Disbursement This Period 100.00
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

11 / 12

FOR LINE NUMBER
23

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**NAME OF COMMITTEE (In Full)
BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Vincent Hughes 4801 Market Street 1st floor Philadelphia PA 19139	PA/7 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	250.00
FITZGERALD FOR SENATE INC 50 NORTH BROCKWAY STREET SUITE 4-9 PALATINE IL 60067	(Senate - IL - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	1000.00
Friends of Bob Allen 2 East Overlook Dr. Pottsville PA 17801	PA/125 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	250.00
Friends of John Perzel c/o Cantor, 3589 Bristol Pike Bensalem PA 19020	PA/172 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	500.00
LIEBERMAN 2000 COMMITTEE P O BOX 231294 STATE HOUSE SQUARE HARTFORD CT 06123	(Senate - CT - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	1000.00
Salvatore for Senate 1154 Norwalk Rd. Philadelphia PA 19115	PA/5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	300.00
Taylor for Congress PO Box 2355 Asheville NC 28902	House - NC - 11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/27/1999	250.00
KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC) PO BOX 18277 WASHINGTON DC 20036	House - IL - 14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/01/1999	2500.00
Committee to Reelect Congresswoman Nancy Johnson PO Box 1986 New Britain CT 06053	House - CT - 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/24/1999	1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 12
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE			
Full Name, Mailing Address, and ZIP Code ROBB FOR THE SENATE POST OFFICE BOX 1279 MCLEAN VA 22101	Purpose of Disbursement (Senate - VA - 00) House - IL - 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 08/24/1999	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			41400.00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SWA</i> PREPARER	 <i>2/26/00</i> DATE PREPARED