

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

SECRETARY OF THE SENATE

99 AUG 16 PM 12:27

# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) --- All Filers Are Required To Complete This Page

1. Registrant Name Mayer, Brown & Platt			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 1909 K Street, N.W., Washington, D.C. 20006			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Carolyn P. Osolinik	Telephone 202-263-3000	E-mail (optional)	5. Senate ID # 24123-75
7. Client Name <input type="checkbox"/> Self Baxter Healthcare Corp.			6. House ID # 31349-036

**TYPE OF REPORT** 8. Year 1999 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  Termination Date January 30, 1999

11. No Lobbying Activity

<b>INCOME OR EXPENSES</b> --- Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> =&gt; \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> =&gt; \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method: See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Carolyn P. Osolinik  
Printed Name and Title Carolyn P. Osolinik, Partner

Registrant Name Mayer, Brown & Platt Client Name Baxter Healthcare Corp.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code \_\_\_\_\_ (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted  Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Office Position (if applicable)	New
@		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above.  Check if None

Signature Carolyn P. Osolinik Date 8/13/99  
Printed Name and Title Carolyn P. Osolinik, Partner