



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="106266.76"/>	<input type="text" value="106266.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117026.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10657.99"/>	<input type="text" value="21417.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="127684.36"/>	<input type="text" value="127684.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21500.00"/>	<input type="text" value="21500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="106184.36"/>	<input type="text" value="106184.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4686.05	6571.40
(ii) Unitemized .....	5971.94	14846.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10657.99	21417.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10657.99	21417.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10657.99	21417.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10657.99	21417.60

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	21500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21500.00	21500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	21500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10657.99	21417.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10657.99	21417.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

**A. Michael J. Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5343 N Lakewood Avenue

City Chicago	State IL	Zip Code 60640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation CVP, Controller
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2012

**Transaction ID : 2012030911913-147**

Amount of Each Receipt this Period  

100.00
--------

**B. Michael J. Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5343 N Lakewood Avenue

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation CVP, Controller
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

**Transaction ID : 20120309111043-145**

Amount of Each Receipt this Period  

100.00
--------

**C. Susan K. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Geneva St

City Glendale	State CA	Zip Code 91207
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP, Manufacturing
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.43**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

**Transaction ID : 20120309111043-15**

Amount of Each Receipt this Period  

75.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sebastian J. Bufalino**  
 Mailing Address 1091 Pine Meadow Ct  
 City State Zip Code  
 Vernon Hills IL 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. VP, Corporate Audit  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 217.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-155**  
 Amount of Each Receipt this Period  
 54.48

Full Name (Last, First, Middle Initial)  
**B. Sarah L. Creviston**  
 Mailing Address 23 Wynstone Way  
 City State Zip Code  
 North Barrington IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Government Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 442.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : 2012030911913-125**  
 Amount of Each Receipt this Period  
 110.56

Full Name (Last, First, Middle Initial)  
**c. Sarah L. Creviston**  
 Mailing Address 23 Wynstone Way  
 City State Zip Code  
 North Barrington IL 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Government Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 442.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-123**  
 Amount of Each Receipt this Period  
 110.56

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.60  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Margarita Cruz-casse**  
Full Name (Last, First, Middle Initial)

Mailing Address Maga #120 Mansiones Los Cedros

City Cayey State PR Zip Code 00736

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : 20120309111043-183**

Amount of Each Receipt this Period  
**54.51**

**B. Robert M. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 21515 Hummingbird Court

City Kildeer State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation CVP, President - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : 2012030911913-42**

Amount of Each Receipt this Period  
**187.50**

**C. Robert M. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 21515 Hummingbird Court

City Kildeer State IL Zip Code 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation CVP, President - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : 20120309111043-41**

Amount of Each Receipt this Period  
**187.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>429.51</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Valery E. Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 14334 Spring Meadow Court

City Green Oaks	State IL	Zip Code 60048
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2012

**Transaction ID : 2012030911913-60**

Amount of Each Receipt this Period  

<b>78.85</b>
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**B. Valery E. Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 14334 Spring Meadow Court

City Green Oaks	State IL	Zip Code 60048
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

**Transaction ID : 20120309111043-59**

Amount of Each Receipt this Period  

<b>78.85</b>
--------------

**C. Arthur J. Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3775 Riverly Trace

City Marietta	State GA	Zip Code 30067
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation VP, Environ, Health & Safety
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

**Transaction ID : 20120309111043-49**

Amount of Each Receipt this Period  

<b>56.85</b>
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>214.55</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Andrew C. Hayes**

Mailing Address 1620 Timber Woods Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Director, New Product Intro

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.44

Date of Receipt  
02 / 03 / 2012  
**Transaction ID : 2012030911913-76**

Amount of Each Receipt this Period  
67.61

Full Name (Last, First, Middle Initial)  
**B. Andrew C. Hayes**

Mailing Address 1620 Timber Woods Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Director, New Product Intro

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.44

Date of Receipt  
02 / 17 / 2012  
**Transaction ID : 20120309111043-75**

Amount of Each Receipt this Period  
67.61

Full Name (Last, First, Middle Initial)  
**C. Irene P. Jakimcius**

Mailing Address 2208 Wesley Ave.

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baxter International Inc. Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343.92

Date of Receipt  
02 / 03 / 2012  
**Transaction ID : 2012030911913-150**

Amount of Each Receipt this Period  
85.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 221.20

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Irene P. Jakimcius</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2012 <b>Transaction ID : 20120309111043-148</b>
Mailing Address 2208 Wesley Ave.		Amount of Each Receipt this Period 85.98
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	
Occupation Assoc General Counsel		Aggregate Year-to-Date ▼ 343.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Julie S. Kim</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2012 <b>Transaction ID : 20120309111043-128</b>
Mailing Address 252 Franklin Road		Amount of Each Receipt this Period 53.85
City Glencoe	State IL	Zip Code 60022
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation GFH, BioTherapeutics		Aggregate Year-to-Date ▼ 215.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marie G. Kissel</b>		Date of Receipt MM / DD / YYYY 02 / 03 / 2012 <b>Transaction ID : 2012030911913-164</b>
Mailing Address Baxter Expat Admin PO Box 747 Baxter Expat Admin		Amount of Each Receipt this Period 86.54
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C	Name of Employer Baxter World Trade Corporation	
Occupation Away on Assignment		Aggregate Year-to-Date ▼ 346.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	226.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Marie G. Kissel**  
Full Name (Last, First, Middle Initial)

Mailing Address **Baxter Expat Admin PO Box 747**  
**Baxter Expat Admin**

City **Deerfield** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter World Trade Corporation** Occupation **Away on Assignment**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.16**

Date of Receipt **02 / 17 / 2012**

**Transaction ID : 20120309111043-162**

Amount of Each Receipt this Period **86.54**

**B. Edward A. Langan**  
Full Name (Last, First, Middle Initial)

Mailing Address **450 East Waterside Drive Unit 1702**  
**Unit 1702**

City **Chicago** State **IL** Zip Code **60601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter Healthcare Corporation** Occupation **VP, SIs Excellence- BioScience**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 03 / 2012**

**Transaction ID : 2012030911913-2**

Amount of Each Receipt this Period **75.00**

**C. Edward A. Langan**  
Full Name (Last, First, Middle Initial)

Mailing Address **450 East Waterside Drive Unit 1702**  
**Unit 1702**

City **Chicago** State **IL** Zip Code **60601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Baxter Healthcare Corporation** Occupation **VP, SIs Excellence- BioScience**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 17 / 2012**

**Transaction ID : 20120309111043-2**

Amount of Each Receipt this Period **75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **236.54**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Timothy P. Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 876 Writer CT  
City Vernon Hills State IL Zip Code 60061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg & SC - Med Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2012  
**Transaction ID : 2012030911913-122**  
Amount of Each Receipt this Period  
72.12

**B. Timothy P. Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 876 Writer CT  
City Vernon Hills State IL Zip Code 60061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg & SC - Med Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2012  
**Transaction ID : 20120309111043-120**  
Amount of Each Receipt this Period  
72.12

**C. Jeanne K. Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Duffy Lane  
City Bannockburn State IL Zip Code 60015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation CVP, Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 723.08

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2012  
**Transaction ID : 2012030911913-152**  
Amount of Each Receipt this Period  
180.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.01  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jeanne K. Mason**  
Full Name (Last, First, Middle Initial)

Mailing Address 1760 Duffy Lane

City Bannockburn State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation CVP, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **723.08**

Date of Receipt  
02 / 17 / 2012  
**Transaction ID : 20120309111043-150**

Amount of Each Receipt this Period  
**180.77**

**B. Robert L. Parkinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Edgewood Lane

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Chairman, President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2176.92**

Date of Receipt  
02 / 03 / 2012  
**Transaction ID : 2012030911913-156**

Amount of Each Receipt this Period  
**544.23**

**C. Robert L. Parkinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Edgewood Lane

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc. Occupation Chairman, President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2176.92**

Date of Receipt  
02 / 17 / 2012  
**Transaction ID : 20120309111043-154**

Amount of Each Receipt this Period  
**544.23**

**SUBTOTAL** of Receipts This Page (optional)..... **1269.23**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Linda J. Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14866 Sanctuary Ln  
 City Mettawa State IL Zip Code 60048-9611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, RA - Med Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : 2012030911913-24**  
 Amount of Each Receipt this Period  
 100.00

**B. Linda J. Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14866 Sanctuary Ln  
 City Mettawa State IL Zip Code 60048-9611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, RA - Med Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-23**  
 Amount of Each Receipt this Period  
 100.00

**C. Carla D. Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3933 Kenway Avenue  
 City Los Angeles State CA Zip Code 90008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-115**  
 Amount of Each Receipt this Period  
 58.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 258.90  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Roibin Ryan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1419 W Berteau

City Chicago	State IL	Zip Code 60613
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation Deputy Gen Counsel, Lit & Empl
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2012

**Transaction ID : 2012030911913-151**

Amount of Each Receipt this Period  
105.46

**B. Roibin Ryan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1419 W Berteau

City Chicago	State IL	Zip Code 60613
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation Deputy Gen Counsel, Lit & Empl
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

**Transaction ID : 20120309111043-149**

Amount of Each Receipt this Period  
105.46

**C. James K. Saccaro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 915 Ash Street

City Winnetka	State IL	Zip Code 60093
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation CVP, Treasurer
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2012

**Transaction ID : 2012030911913-160**

Amount of Each Receipt this Period  
69.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.15
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. James K. Saccaro**  
 Mailing Address 915 Ash Street  
 City State Zip Code  
 Winnetka IL 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. CVP, Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 276.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-158**  
 Amount of Each Receipt this Period  
 69.23

Full Name (Last, First, Middle Initial)  
**B. David P. Scharf**  
 Mailing Address 931 Oak Street  
 City State Zip Code  
 Winnetka IL 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. CVP, General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 423.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : 2012030911913-148**  
 Amount of Each Receipt this Period  
 105.77

Full Name (Last, First, Middle Initial)  
**c. David P. Scharf**  
 Mailing Address 931 Oak Street  
 City State Zip Code  
 Winnetka IL 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. CVP, General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 423.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-146**  
 Amount of Each Receipt this Period  
 105.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.77  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Chandra Sekhar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Mission Hills Rd Unit 211  
Apt 211

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.60

Date of Receipt  
02 / 17 / 2012  
**Transaction ID : 20120309111043-3**

Amount of Each Receipt this Period  
63.15

**B. John P. Shannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation GFH, Hemophilia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.04

Date of Receipt  
02 / 17 / 2012  
**Transaction ID : 20120309111043-133**

Amount of Each Receipt this Period  
63.26

**C. Onelia Ann Vera**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 Oleander Drive

City Hallandale State FL Zip Code 33009

FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
427.32

Date of Receipt  
02 / 03 / 2012  
**Transaction ID : 2012030911913-124**

Amount of Each Receipt this Period  
106.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.24

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Onelia Ann Vera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Oleander Drive  
 City Hallandale State FL Zip Code 33009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-122**  
 Amount of Each Receipt this Period  
 106.83

**B. Subramaniam Yogendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Baxter Healthcare Corp. One Baxter  
 Baxter Healthcare Corp.  
 City Deerfield State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, SC - US Med Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : 20120309111043-90**  
 Amount of Each Receipt this Period  
 53.15

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	159.98
<b>TOTAL</b> This Period (last page this line number only).....▶	4686.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement  
2012 General

011

Candidate Name

**Orrin G. Hatch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2012

**Transaction ID : 753306CBF2F04D2947B**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. Karen Bass for Congress**

Mailing Address 777 S. Figueroa Street  
Suite 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Karen Bass**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2012

**Transaction ID : 5C58D82A74AE8A485D0**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Republican National Committee**

Mailing Address 310 First Street SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Republican National Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2012

**Transaction ID : 703971838F2B60CEF33**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

21500.00
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**TOTAL** This Period (last page this line number only)..... ▶

21500.00
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