

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Baxter Healthcare Political Action Committee

ADDRESS (number and street) 1501 K Street, NW  
Suite 375  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00117838  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2010 through 08 31 2010

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 Sarah Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 09 20 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		41228.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	78453.25									
(c) Total Receipts (from Line 19) .....	12141.22	107616.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	90594.47	148844.47								
7. Total Disbursements (from Line 31) .....	17000.00	75250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73594.47	73594.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	10068.41	64245.08
(ii) Unitemized .....	2072.81	43371.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12141.22	107616.42
(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) .....	12141.22	107616.42
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 Transfer (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)) .....	12141.22	107616.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12141.22	107616.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	14500.00	71500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	2500.00	3750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	17000.00	75250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	75250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	12141.22	107616.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12141.22	107616.42
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 7 / 81
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joy A. Amundson	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 110 W. Onwentsia Road	<b>Transaction ID:</b> 20100819122319-52
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 230.77
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President - BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3892.33	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joy A. Amundson	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 110 W. Onwentsia Road	<b>Transaction ID:</b> 20100915132516-52
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 230.77
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President - BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3892.33	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter J. Arduini	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 1059 Warrington Road	<b>Transaction ID:</b> 20100819122319-57
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, President - Med Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	561.54
<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 8 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Peter J. Arduini

Mailing Address 1059 Warrington Road

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee. C

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
CVP, President - Med Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
08 / 20 / 2010

**Transaction ID:** 20100915132516-57

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert G. Babicke

Mailing Address 162 Cardinal Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP, Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
08 / 06 / 2010

**Transaction ID:** 20100819122319-101

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert G. Babicke

Mailing Address 162 Cardinal Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing federal political committee. C

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP, Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
08 / 20 / 2010

**Transaction ID:** 20100915132516-101

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 150.00

**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 9 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Donald Arthur Baker

Mailing Address 286 Whitworth

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP II, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1186.43

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-165

Amount of Each Receipt this Period  
69.79

**B.**

Full Name (Last, First, Middle Initial)  
Donald Arthur Baker

Mailing Address 286 Whitworth

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP II, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1186.43

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-164

Amount of Each Receipt this Period  
69.79

**C.**

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

Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

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

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-171

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **239.58**

**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 10 / 81  
(check only one)

<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

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

Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

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

Name of Employer: Baxter International Inc. Occupation: CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 08 / 20 / 2010  
**Transaction ID:** 20100915132516-170  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Edwin A. Betancourt

Mailing Address 101 N E 3rd Avenue, Ste 1600  
Ste 1600

City State Zip Code  
Ft Lauderdale FL 33301

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

Name of Employer: Baxter Export Corporation Occupation: VP, Mfg Latin America

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 761.16

Date of Receipt: 08 / 06 / 2010  
**Transaction ID:** 20100819122319-193  
Amount of Each Receipt this Period: 45.24

**C.** Full Name (Last, First, Middle Initial)  
Edwin A. Betancourt

Mailing Address 101 N E 3rd Avenue, Ste 1600  
Ste 1600

City State Zip Code  
Ft Lauderdale FL 33301

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

Name of Employer: Baxter Export Corporation Occupation: VP, Mfg Latin America

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 761.16

Date of Receipt: 08 / 20 / 2010  
**Transaction ID:** 20100915132516-192  
Amount of Each Receipt this Period: 45.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► 190.48

**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 11 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial) Paulo Bolgar		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address Suite 1600 101 Northeast 3rd Avenue Ste 1600		<b>Transaction ID:</b> 20100819122319-192
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Baxter Export Corporation	Occupation VP, HR - Latin America	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

**B.**

Full Name (Last, First, Middle Initial) Paulo Bolgar		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address Suite 1600 101 Northeast 3rd Avenue Ste 1600		<b>Transaction ID:</b> 20100915132516-191
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Baxter Export Corporation	Occupation VP, HR - Latin America	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

**C.**

Full Name (Last, First, Middle Initial) David L. Bonderud		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 22294 W. Brookside Way		<b>Transaction ID:</b> 20100819122319-25
City Lake Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation President, US Med Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</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 12 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
David L. Bonderud

Mailing Address 22294 W. Brookside Way

City State Zip Code  
Lake Barrington IL 60010

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
President, US Med Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-25

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Kristina (Tina) R. Borucki

Mailing Address 8409 Shady Lane

City State Zip Code  
Wonder Lake IL 60097

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
Business Operations Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
337.86

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-44

Amount of Each Receipt this Period  
20.04

**C.**

Full Name (Last, First, Middle Initial)  
Kristina (Tina) R. Borucki

Mailing Address 8409 Shady Lane

City State Zip Code  
Wonder Lake IL 60097

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
Business Operations Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
337.86

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-44

Amount of Each Receipt this Period  
20.04

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.08**

**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 13 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
William P. Botha

Mailing Address 2225 Robinson Street

City State Zip Code  
Redondo Beach CA 90278

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

Name of Employer Baxter Healthcare Corporation  
Occupation Plant Manager I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1275.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-50

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
William P. Botha

Mailing Address 2225 Robinson Street

City State Zip Code  
Redondo Beach CA 90278

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

Name of Employer Baxter Healthcare Corporation  
Occupation Plant Manager I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1275.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-50

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
John J. Bratsakis

Mailing Address 2405 Trailside Lane

City State Zip Code  
Wauconda IL 60084

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

Name of Employer Baxter Healthcare Corporation  
Occupation BCU Sr VP, Business Devlp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-89

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**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 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John J. Bratsakis	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 2405 Trailside Lane	<b>Transaction ID:</b> 20100915132516-89
	City State Zip Code Wauconda IL 60084	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation BCU Sr VP, Business Devlp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan K. Brown	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 917 Geneva St	<b>Transaction ID:</b> 20100819122319-18
	City State Zip Code Glendale CA 91207	Amount of Each Receipt this Period 62.77
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1039.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan K. Brown	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 917 Geneva St	<b>Transaction ID:</b> 20100915132516-18
	City State Zip Code Glendale CA 91207	Amount of Each Receipt this Period 62.77
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1039.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.54
<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 15 / 81
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sebastian J. Bufalino		Date of Receipt
	Mailing Address 1091 Pine Meadow Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Vernon Hills	IL	60061
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-184
Name of Employer Baxter International Inc.		Occupation VP, Corporate Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 53.10
		<input type="text"/> 895.86	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sebastian J. Bufalino		Date of Receipt
	Mailing Address 1091 Pine Meadow Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	Vernon Hills	IL	60061
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-183
Name of Employer Baxter International Inc.		Occupation VP, Corporate Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 53.10
		<input type="text"/> 895.86	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Campagna		Date of Receipt
	Mailing Address 30922 St Andrews Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Libertyville	IL	60048
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-39
Name of Employer Baxter Healthcare Corporation		Occupation VP, Information Technology	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 146.20
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 81  
(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.** Full Name (Last, First, Middle Initial)  
Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code  
Libertyville IL 60048

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP, Information Technology  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 680.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

**Transaction ID:** 20100915132516-39

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Edward K. Chess

Mailing Address 5313 Abbey Drive

City State Zip Code  
McHenry IL 60050

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sr Director, Research  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

**Transaction ID:** 20100819122319-12

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Edward K. Chess

Mailing Address 5313 Abbey Drive

City State Zip Code  
McHenry IL 60050

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sr Director, Research  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

**Transaction ID:** 20100915132516-12

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 17 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
Anthony Ciganek  
Mailing Address 233 Heath Ct  
City State Zip Code  
Barrington IL 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baxter Healthcare Corpora- Sr Director, Engineering  
tion  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0  
Transaction ID: 20100819122319-4  
Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony Ciganek  
Mailing Address 233 Heath Ct  
City State Zip Code  
Barrington IL 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baxter Healthcare Corpora- Sr Director, Engineering  
tion  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0  
Transaction ID: 20100915132516-4  
Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Brian W. Clements  
Mailing Address 109 Juniper Way  
City State Zip Code  
Lake Villa IL 60046  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baxter Healthcare Corpora- VP, MD Supply Chain  
tion  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0  
Transaction ID: 20100819122319-9  
Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00  
**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 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Brian W. Clements

Mailing Address 109 Juniper Way

City State Zip Code  
Lake Villa IL 60046

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

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, MD Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-9

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
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  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1788.67

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-153

Amount of Each Receipt this Period  
106.31

**C.**

Full Name (Last, First, Middle Initial)  
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  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1788.67

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-152

Amount of Each Receipt this Period  
106.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **227.62**

**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 19 / 81  
(check only one)

<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

**A.**

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

Mailing Address Calle Guama #70 Mansiones Los Cedr

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 ▼ 864.12

Date of Receipt 08 / 06 / 2010

Transaction ID: 20100819122319-203

Amount of Each Receipt this Period 51.24

**B.**

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

Mailing Address Calle Guama #70 Mansiones Los Cedr

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 ▼ 864.12

Date of Receipt 08 / 20 / 2010

Transaction ID: 20100915132516-202

Amount of Each Receipt this Period 51.24

**C.**

Full Name (Last, First, Middle Initial)  
Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 06 / 2010

Transaction ID: 20100819122319-26

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 122.48

**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 20 / 81  
(check only one)

<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

**A.** Full Name (Last, First, Middle Initial)  
Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City State Zip Code  
Lake Zurich IL 60047

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: VP, Comp, Benefits & HR Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 20 / 2010  
Transaction ID: 20100915132516-26  
Amount of Each Receipt this Period: 20.00

**B.** Full Name (Last, First, Middle Initial)  
Andrea Williamson Darsey

Mailing Address 147 Gerbera Street

City State Zip Code  
Danville CA 94506

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: Plant Manager I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 531.11

Date of Receipt: 08 / 06 / 2010  
Transaction ID: 20100819122319-104  
Amount of Each Receipt this Period: 31.63

**C.** Full Name (Last, First, Middle Initial)  
Andrea Williamson Darsey

Mailing Address 147 Gerbera Street

City State Zip Code  
Danville CA 94506

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: Plant Manager I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 531.11

Date of Receipt: 08 / 20 / 2010  
Transaction ID: 20100915132516-104  
Amount of Each Receipt this Period: 31.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► **83.26**

**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 21 / 81  
(check only one)

<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

**A.**

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

Mailing Address 21515 Hummingbird Court

City State Zip Code  
Kildeer IL 60047

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

Name of Employer Occupation  
Baxter International Inc. CVP, Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2919.28

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-172

Amount of Each Receipt this Period  
173.08

**B.**

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

Mailing Address 21515 Hummingbird Court

City State Zip Code  
Kildeer IL 60047

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

Name of Employer Occupation  
Baxter International Inc. CVP, Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2919.28

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-171

Amount of Each Receipt this Period  
173.08

**C.**

Full Name (Last, First, Middle Initial)  
Angel L. Egipciano-Lassalle

Mailing Address 27225 Rose Mallow Lane (Fair Oaks)  
(Fair Oaks Ranch)

City State Zip Code  
Canyon Country CA 91387-6950

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

Name of Employer Occupation  
Baxter Healthcare Corporation Plant Controller II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-162

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **371.16**

**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 22 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Angel L. Egipciano-Lassalle	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 27225 Rose Mallow Lane (Fair Oaks (Fair Oaks Ranch))	<b>Transaction ID:</b> 20100915132516-161
	City Canyon Country State Zip Code CA 91387-6950	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baxter Healthcare Corporation Occupation Plant Controller II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott A. Ehrmantraut	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 7655 168th ave se	<b>Transaction ID:</b> 20100819122319-200
	City mooreton State Zip Code ND 58061	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BioLife Plasma L.L.C. Occupation Director, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott A. Ehrmantraut	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 7655 168th ave se	<b>Transaction ID:</b> 20100915132516-199
	City mooreton State Zip Code ND 58061	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BioLife Plasma L.L.C. Occupation Director, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<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 23 / 81

(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Paul D. Estrem

Mailing Address 325 Clarewood Circle

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP, Fin & Strat Initiatives  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-47

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul D. Estrem

Mailing Address 325 Clarewood Circle

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP, Fin & Strat Initiatives  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-47

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Etienne

Mailing Address 189 Lions Court

City State Zip Code  
Lake Zurich IL 60047

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

Name of Employer Occupation  
Baxter International Inc. Sr Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-175

Amount of Each Receipt this Period  
25.00

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

125.00

**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 24 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Etienne		Date of Receipt
	Mailing Address 189 Lions Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Lake Zurich	IL	60047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-174
Name of Employer Baxter International Inc.		Occupation Sr Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	25.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Camille I. Farhat		Date of Receipt
	Mailing Address 1052 Warrington Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 06 / 2010
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-67
Name of Employer Baxter Healthcare Corporation		Occupation GM, BPT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Camille I. Farhat		Date of Receipt
	Mailing Address 1052 Warrington Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-67
Name of Employer Baxter Healthcare Corporation		Occupation GM, BPT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</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 25 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Carlos M. Flores

Mailing Address 1601 Marinero Place

City Oxnard State CA Zip Code 93030

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Principal Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 08 / 20 / 2010  
**Transaction ID:** 20100915132516-105  
 Amount of Each Receipt this Period 12.50

**B.**

Full Name (Last, First, Middle Initial)  
Alan E. Freedlund

Mailing Address 746 S. River Rd

City Naperville State IL Zip Code 60540

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 20 / 2010  
**Transaction ID:** 20100915132516-82  
 Amount of Each Receipt this Period 12.00

**C.**

Full Name (Last, First, Middle Initial)  
Kevin E. Freeman

Mailing Address 20982 Buffalo Run

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter Healthcare Corporation Occupation VP, I Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 06 / 2010  
**Transaction ID:** 20100819122319-33  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 49.50

**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 26 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Kevin E. Freeman

Mailing Address 20982 Buffalo Run

City State Zip Code  
Kildeer IL 60047

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

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, I Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-33

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Guy G. Fusco

Mailing Address Baxter Expatriate Admin PO Box 747  
Baxter Expatriate Admin

City State Zip Code  
Deerfield IL 60015

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

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation  
Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-188

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Guy G. Fusco

Mailing Address Baxter Expatriate Admin PO Box 747  
Baxter Expatriate Admin

City State Zip Code  
Deerfield IL 60015

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

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation  
Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-187

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **65.00**

**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 27 / 81

(check only one)

<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

**A.**

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

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1277.70

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-73

Amount of Each Receipt this Period

76.92

**B.**

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

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
Green Oaks IL 60048

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1277.70

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-73

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)  
Erin M. Gardiner

Mailing Address 2442 W. Carmen Ave.

City State Zip Code  
Chicago IL 60625

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

Name of Employer Occupation  
Baxter International Inc. Dir, Communications

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-173

Amount of Each Receipt this Period

25.00

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

178.84

**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 28 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Erin M. Gardiner

Mailing Address 2442 W. Carmen Ave.

City State Zip Code  
Chicago IL 60625

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

Name of Employer Occupation  
Baxter International Inc. Dir, Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-172

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
James M. Gatling

Mailing Address 391 Sherbrooke Court

City State Zip Code  
Crystal Lake IL 60012

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

Name of Employer Occupation  
Baxter Healthcare Corporation CVP, Global Manufacturing Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2711.10

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-16

Amount of Each Receipt this Period  
160.38

**C.**

Full Name (Last, First, Middle Initial)  
James M. Gatling

Mailing Address 391 Sherbrooke Court

City State Zip Code  
Crystal Lake IL 60012

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

Name of Employer Occupation  
Baxter Healthcare Corporation CVP, Global Manufacturing Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2711.10

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-16

Amount of Each Receipt this Period  
160.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► **345.76**

**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 29 / 81  
(check only one)

<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

**A.**

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

Mailing Address 3775 Riverly Trace

City State Zip Code  
Marietta GA 30067

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP, Environ, Health & Safety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
926.22

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-61

Amount of Each Receipt this Period  
55.20

**B.**

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

Mailing Address 3775 Riverly Trace

City State Zip Code  
Marietta GA 30067

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP, Environ, Health & Safety

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
926.22

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-61

Amount of Each Receipt this Period  
55.20

**C.**

Full Name (Last, First, Middle Initial)  
Susan C. Gould

Mailing Address 760 Oakwood Ave

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
Sr Dir, Clinical Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-116

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.40**

**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 30 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan C. Gould		Date of Receipt
	Mailing Address 760 Oakwood Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-116
Name of Employer Baxter Healthcare Corporation		Occupation Sr Dir, Clinical Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) William J. Gresham		Date of Receipt
	Mailing Address 909 Clinton Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	River Forest	IL	60305
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-185
Name of Employer Baxter International Inc.		Occupation Dir, Ethics & Compliance/EHS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 25.00

<b>C.</b>	Full Name (Last, First, Middle Initial) William J. Gresham		Date of Receipt
	Mailing Address 909 Clinton Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	River Forest	IL	60305
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-184
Name of Employer Baxter International Inc.		Occupation Dir, Ethics & Compliance/EHS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 81  
(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.** Full Name (Last, First, Middle Initial)  
Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code  
Westlake Vilage CA 91361

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: President, BioPharmaceuticals

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt: 08 / 06 / 2010  
**Transaction ID:** 20100819122319-6  
 Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code  
Westlake Vilage CA 91361

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

Name of Employer: Baxter Healthcare Corporation  
Occupation: President, BioPharmaceuticals

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt: 08 / 20 / 2010  
**Transaction ID:** 20100915132516-6  
 Amount of Each Receipt this Period: 35.00

**C.** Full Name (Last, First, Middle Initial)  
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: Baxter Healthcare Corporation  
Occupation: Sr Director, New Product Intro

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.79

Date of Receipt: 08 / 06 / 2010  
**Transaction ID:** 20100819122319-90  
 Amount of Each Receipt this Period: 65.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.77**

**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: (check only one)	PAGE 32 / 81		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew C. Hayes		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1620 Timber Woods Lane		<b>Transaction ID:</b> 20100915132516-90		
	City Libertyville	State IL	Zip Code 60048	Amount of Each Receipt this Period 65.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Sr Director, New Product Intro		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1108.79			

<b>B.</b>	Full Name (Last, First, Middle Initial) Leslie J. Herzog		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 816 Moseley Rd.		<b>Transaction ID:</b> 20100819122319-123		
	City Highland Park	State IL	Zip Code 60035	Amount of Each Receipt this Period 32.45	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Dir, Clinical Data Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 547.09			

<b>C.</b>	Full Name (Last, First, Middle Initial) Leslie J. Herzog		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 816 Moseley Rd.		<b>Transaction ID:</b> 20100915132516-123		
	City Highland Park	State IL	Zip Code 60035	Amount of Each Receipt this Period 32.45	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Dir, Clinical Data Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 547.09			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.67
<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 33 / 81  
(check only one)

<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

**A.** Full Name (Last, First, Middle Initial)  
Robert J. Hombach

Mailing Address 126 Homewood Avenue

City State Zip Code  
Libertyville IL 60048

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 ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-170

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Robert J. Hombach

Mailing Address 126 Homewood Avenue

City State Zip Code  
Libertyville IL 60048

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 ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-169

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Gary W. Ingles

Mailing Address 9321 Waterside Court

City State Zip Code  
New Haven IN 46774

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Healthcare Reimb

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-74

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.00**

**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 34 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary W. Inglese		Date of Receipt
	Mailing Address 9321 Waterside Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New Haven	IN	46774
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-74
Name of Employer Baxter Healthcare Corporation		Occupation Dir, Healthcare Reimb	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 340.00	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Irene P. Jakimcius		Date of Receipt
	Mailing Address 2208 Wesley Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-176
Name of Employer Baxter International Inc.		Occupation Assoc General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1411.87	<input type="text"/> 83.63

<b>C.</b>	Full Name (Last, First, Middle Initial) Irene P. Jakimcius		Date of Receipt
	Mailing Address 2208 Wesley Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-175
Name of Employer Baxter International Inc.		Occupation Assoc General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1411.87	<input type="text"/> 83.63

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 187.26
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 35 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael T. Jennings	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 130 W Lincoln Ave	<b>Transaction ID:</b> 20100819122319-154
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 39.42
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.38	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael T. Jennings	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 130 W Lincoln Ave	<b>Transaction ID:</b> 20100915132516-153
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 39.42
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kurt Johnson	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 2322 Central Park Ave.	<b>Transaction ID:</b> 20100819122319-163
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Bus Plan & Dev & Admin Ldr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>98.84</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 36 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Kurt Johnson

Mailing Address 2322 Central Park Ave.

City State Zip Code  
Evanston IL 60201

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP, Bus Plan & Dev & Admin Ldr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-162

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert A. Johnson

Mailing Address 31385 W Somerset Circle

City State Zip Code  
Green Oaks IL 60048

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-46

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert A. Johnson

Mailing Address 31385 W Somerset Circle

City State Zip Code  
Green Oaks IL 60048

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-46

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.00**

**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 37 / 81
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert C. Keeley		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 22606 Bridle		<b>Transaction ID:</b> 20100819122319-133		
	City Kildeer	State IL	Zip Code 60047	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, HD/CRRT Marketing	Aggregate Year-to-Date 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert C. Keeley		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 22606 Bridle		<b>Transaction ID:</b> 20100915132516-133		
	City Kildeer	State IL	Zip Code 60047	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, HD/CRRT Marketing	Aggregate Year-to-Date 850.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Jane E. Kiernan		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 525 W Roscoe St Apt 3W		<b>Transaction ID:</b> 20100819122319-37		
	City Chicago	State IL	Zip Code 60657-3540	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Baxter Healthcare Corporation	Occupation GM, IV Therapy	Aggregate Year-to-Date 680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</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 38 / 81

(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Jane E. Kiernan

Mailing Address 525 W Roscoe St  
Apt 3W

City State Zip Code  
Chicago IL 60657-3540

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

Name of Employer Occupation  
Baxter Healthcare Corpora- GM, IV Therapy  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-37

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP Quality, Medication Delivery  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-136

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP Quality, Medication Delivery  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-136

Amount of Each Receipt this Period  
75.00

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

190.00

**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 39 / 81  
(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.** Full Name (Last, First, Middle Initial)  
Marie G. Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema  
C/O Gerald Lema

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Baxter World Trade Corporation Away on Assignment

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1316.65

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2010

**Transaction ID:** 20100819122319-190

Amount of Each Receipt this Period  
77.99

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

Mailing Address 1 Baxter Pkwy c/o Gerald Lema  
C/O Gerald Lema

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Baxter World Trade Corporation Away on Assignment

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1316.65

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2010

**Transaction ID:** 20100915132516-189

Amount of Each Receipt this Period  
77.99

**C.** Full Name (Last, First, Middle Initial)  
Helena M. Klumpp

Mailing Address 2308 Isabella St.

City State Zip Code  
Evanston IL 60201

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

Name of Employer Occupation  
Baxter International Inc. Senior Tax Counsel

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2010

**Transaction ID:** 20100819122319-182

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.98**

**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 40 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Helena M. Klumpp

Mailing Address 2308 Isabella St.

City State Zip Code  
Evanston IL 60201

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

Name of Employer Occupation  
Baxter International Inc. Senior Tax Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-181

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code  
Austin TX 78723

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

Name of Employer Occupation  
BioLife Plasma L.L.C. Regional Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.22

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-197

Amount of Each Receipt this Period  
25.28

**C.**

Full Name (Last, First, Middle Initial)  
Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code  
Austin TX 78723

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

Name of Employer Occupation  
BioLife Plasma L.L.C. Regional Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.22

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-196

Amount of Each Receipt this Period  
25.28

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.56**

**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 41 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward (Ted) A. Langan		Date of Receipt
	Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 06 / 2010
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-2
Name of Employer Baxter Healthcare Corporation		Occupation VP II, Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 1275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward (Ted) A. Langan		Date of Receipt
	Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-2
Name of Employer Baxter Healthcare Corporation		Occupation VP II, Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 1275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Betty D. Larson		Date of Receipt
	Mailing Address 21334 Andover Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 06 / 2010
	City	State	Zip Code
	Kildeer	IL	60047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-138
Name of Employer Baxter Healthcare Corporation		Occupation VP, HR - Renal	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.60
		<input type="text"/> 374.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>191.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Betty D. Larson

Mailing Address 21334 Andover Road

City State Zip Code  
Kildeer IL 60047

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP, HR - Renal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
374.40

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-138

Amount of Each Receipt this Period  
41.60

**B.**

Full Name (Last, First, Middle Initial)  
Timothy P. Lawrence

Mailing Address 876 Writer CT

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP Manufacturing Med Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1016.41

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-149

Amount of Each Receipt this Period  
60.71

**C.**

Full Name (Last, First, Middle Initial)  
Timothy P. Lawrence

Mailing Address 876 Writer CT

City State Zip Code  
Vernon Hills IL 60061

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP Manufacturing Med Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1016.41

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-148

Amount of Each Receipt this Period  
60.71

**SUBTOTAL** of Receipts This Page (optional) ..... ► **163.02**

**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 43 / 81
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jacopo Leonardi		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 319 E. Vincent Ct.		<b>Transaction ID:</b> 20100819122319-132		
	City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP I, Marketing	Aggregate Year-to-Date 425.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacopo Leonardi		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 319 E. Vincent Ct.		<b>Transaction ID:</b> 20100915132516-132		
	City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP I, Marketing	Aggregate Year-to-Date 425.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Raymond J. Linder		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1255 Town Center Road Apt 6Q		<b>Transaction ID:</b> 20100819122319-43		
	City Vernon Hills	State IL	Zip Code 60061	Amount of Each Receipt this Period 47.80	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, HR - Mfg/Supply Chain	Aggregate Year-to-Date 852.56		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	97.80
<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 44 / 81						
	(check only one)							
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Raymond J. Linder		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1255 Town Center Road Apt 6Q		<b>Transaction ID:</b> 20100915132516-43		
	City Vernon Hills	State IL	Zip Code 60061	Amount of Each Receipt this Period 47.80	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, HR - Mfg/Supply Chain			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 852.56			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald K. Lloyd		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1694 Falling Star Ave.		<b>Transaction ID:</b> 20100819122319-41		
	City Westlake Village	State CA	Zip Code 91362	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Baxter Healthcare Corporation	Occupation VPGM BioTherapeutic & Regn Med			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald K. Lloyd		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1694 Falling Star Ave.		<b>Transaction ID:</b> 20100915132516-41		
	City Westlake Village	State CA	Zip Code 91362	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Baxter Healthcare Corporation	Occupation VPGM BioTherapeutic & Regn Med			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>147.80</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 45 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Marcus A. Luna

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

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

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 06 / 2010

**Transaction ID:** 20100819122319-124

Amount of Each Receipt this Period 15.00

**B.**

Full Name (Last, First, Middle Initial)  
Marcus A. Luna

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

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

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010

**Transaction ID:** 20100915132516-124

Amount of Each Receipt this Period 15.00

**C.**

Full Name (Last, First, Middle Initial)  
Matthew A. Lykken

Mailing Address 421 North Wheaton Ave

City Wheaton State IL Zip Code 60187

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

Name of Employer Baxter International Inc. Occupation VP, Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 06 / 2010

**Transaction ID:** 20100819122319-183

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00

**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 46 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew A. Lykken		Date of Receipt
	Mailing Address 421 North Wheaton Ave		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60187
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter International Inc.		Occupation VP, Tax	<b>Transaction ID:</b> 20100915132516-182
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="425.00"/>	<input type="text" value="25.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Maniko		Date of Receipt
	Mailing Address 116 Tennessee Avenue NE		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter Healthcare Corpora- tion		Occupation Dir, Fed Legislative Affairs	<b>Transaction ID:</b> 20100819122319-134
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="510.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Maniko		Date of Receipt
	Mailing Address 116 Tennessee Avenue NE		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter Healthcare Corpora- tion		Occupation Dir, Fed Legislative Affairs	<b>Transaction ID:</b> 20100915132516-134
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="510.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="85.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City State Zip Code  
Lakewood IL 60014

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP I, Mfg Strategic Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1353.48

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-23

Amount of Each Receipt this Period  
80.28

**B.**

Full Name (Last, First, Middle Initial)  
Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City State Zip Code  
Lakewood IL 60014

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP I, Mfg Strategic Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1353.48

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-23

Amount of Each Receipt this Period  
80.28

**C.**

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

Mailing Address 1760 Duffy Lane

City State Zip Code  
Bannockburn IL 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 ▼  
2958.08

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-179

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.56**

**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 48 / 81  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

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

Mailing Address 1760 Duffy Lane

City State Zip Code  
Bannockburn IL 60015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2958.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 20 / 2010

**Transaction ID:** 20100915132516-178

Amount of Each Receipt this Period  
175.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael J. McAndrew

Mailing Address 795 Foxmoor

City State Zip Code  
Lake Zurich IL 60047

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 616.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2010

**Transaction ID:** 20100819122319-103

Amount of Each Receipt this Period  
36.54

**C.**

Full Name (Last, First, Middle Initial)  
Michael J. McAndrew

Mailing Address 795 Foxmoor

City State Zip Code  
Lake Zurich IL 60047

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 616.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 20 / 2010

**Transaction ID:** 20100915132516-103

Amount of Each Receipt this Period  
36.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **248.08**

**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 49 / 81  
(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.** Full Name (Last, First, Middle Initial)  
Bruce McGillivray  
 Mailing Address 151 Ridge Lane  
 City State Zip Code  
 Lake Forest IL 60045  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2010  
**Transaction ID:** 20100819122319-139  
 Amount of Each Receipt this Period  
 83.65  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corpora- CVP, President - Renal  
 tion  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2576.38

**B.** Full Name (Last, First, Middle Initial)  
Daniel S. McRae  
 Mailing Address 2965 Redding Road  
 City State Zip Code  
 Atlanta GA 30319  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2010  
**Transaction ID:** 20100915132516-62  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corpora- IV Therapy Sales Representativ  
 tion  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
John K. McVey  
 Mailing Address 6320 Longwood Road  
 City State Zip Code  
 Libertyville IL 60048-9447  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2010  
**Transaction ID:** 20100819122319-194  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BioLife Plasma L.L.C. Sr Dir, Reg Affairs & Quality  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 133.65  
**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 50 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John K. McVey		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 6320 Longwood Road		<b>Transaction ID:</b> 20100915132516-193		
	City Libertyville	State IL	Zip Code 60048-9447	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BioLife Plasma L.L.C.	Occupation Sr Dir, Reg Affairs & Quality			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelli Mills Lester		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 3140 creswell dr		<b>Transaction ID:</b> 20100819122319-118		
	City falls church	State VA	Zip Code 22044	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corpora- tion	Occupation Dir, Renal Federal Leg Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelli Mills Lester		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 3140 creswell dr		<b>Transaction ID:</b> 20100915132516-118		
	City falls church	State VA	Zip Code 22044	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corpora- tion	Occupation Dir, Renal Federal Leg Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<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 51 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Murphy		Date of Receipt
	Mailing Address 340 E Scranton Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Lake Bluff	IL	60044
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-72
Name of Employer Baxter Healthcare Corporation		Occupation VP, Corporate Quality	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Murphy		Date of Receipt
	Mailing Address 340 E Scranton Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	Lake Bluff	IL	60044
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-72
Name of Employer Baxter Healthcare Corporation		Occupation VP, Corporate Quality	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy J. Murphy		Date of Receipt
	Mailing Address 14601 N Somerset Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Libertyville	IL	60048
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-147
Name of Employer Baxter Healthcare Corporation		Occupation Assoc General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.60	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 130.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy J. Murphy

Mailing Address 14601 N Somerset Circle

City State Zip Code  
Libertyville IL 60048

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 ▼  
504.60

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-146

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter J. O'Malley

Mailing Address 791 Summit Avenue

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Baxter Healthcare Corporation  
Occupation VP, Business Alliances

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-164

Amount of Each Receipt this Period  
45.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter J. O'Malley

Mailing Address 791 Summit Avenue

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Baxter Healthcare Corporation  
Occupation VP, Business Alliances

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-163

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

**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 53 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Stasia L. Ogden

Mailing Address 1750 W Cortland St

City State Zip Code  
Chicago IL 60622

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
Asst General Counsel, Patent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-99

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Stasia L. Ogden

Mailing Address 1750 W Cortland St

City State Zip Code  
Chicago IL 60622

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
Asst General Counsel, Patent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-99

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Thor F. Paulson

Mailing Address 13941 Cooper Way

City State Zip Code  
Orland Park IL 60467

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-78

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **65.00**

**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 54 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thor F. Paulson		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 13941 Cooper Way		<b>Transaction ID:</b> 20100915132516-78
	City Orland Park	State IL	Zip Code 60467
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John W. Percival		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 691 CYPRESS AVE		<b>Transaction ID:</b> 20100819122319-122
	City PASADENA	State CA	Zip Code 91103
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.75
	Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.97	

<b>C.</b>	Full Name (Last, First, Middle Initial) John W. Percival		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 691 CYPRESS AVE		<b>Transaction ID:</b> 20100915132516-122
	City PASADENA	State CA	Zip Code 91103
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.75
	Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	68.50
<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 55 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
Jed M. Perry

Mailing Address 9078 Brook Ford Road

City State Zip Code  
Burke VA 22015

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Dir, Fed Legislative Affairs  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

**Transaction ID:** 20100819122319-130

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Jed M. Perry

Mailing Address 9078 Brook Ford Road

City State Zip Code  
Burke VA 22015

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Dir, Fed Legislative Affairs  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

**Transaction ID:** 20100915132516-130

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City State Zip Code  
Los Angeles CA 90008

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sr Counsel  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 970.04

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

**Transaction ID:** 20100819122319-141

Amount of Each Receipt this Period  
57.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **107.46**

**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 56 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City State Zip Code  
Los Angeles CA 90008

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sr Counsel  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 970.04

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2010

**Transaction ID:** 20100915132516-140

Amount of Each Receipt this Period  
57.46

**B.** Full Name (Last, First, Middle Initial)  
Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City State Zip Code  
Palmetto FL 34221

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Mgr II, Operations  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 577.78

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2010

**Transaction ID:** 20100819122319-29

Amount of Each Receipt this Period  
34.28

**C.** Full Name (Last, First, Middle Initial)  
Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City State Zip Code  
Palmetto FL 34221

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Mgr II, Operations  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 577.78

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2010

**Transaction ID:** 20100915132516-29

Amount of Each Receipt this Period  
34.28

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.02

**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 57 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Joseph A. Pudlo

Mailing Address 525 Trestle Court

City State Zip Code  
Grayslake IL 60030

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-30

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph A. Pudlo

Mailing Address 525 Trestle Court

City State Zip Code  
Grayslake IL 60030

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

Name of Employer  
Baxter Healthcare Corpora-  
tion Occupation  
VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-30

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Julie A. Quick

Mailing Address 3223 Epstein Circle

City State Zip Code  
Mundelein IL 60060

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

Name of Employer  
BioLife Plasma L.L.C. Occupation  
Sr Mgr, Reg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.95

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-202

Amount of Each Receipt this Period  
21.77

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.77**

**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 58 / 81  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
Julie A. Quick

Mailing Address 3223 Epstein Circle

City State Zip Code  
Mundelein IL 60060

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

Name of Employer BioLife Plasma L.L.C. Occupation Sr Mgr, Reg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.95

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-201

Amount of Each Receipt this Period  
21.77

**B.**

Full Name (Last, First, Middle Initial)  
Janet L. Raciti

Mailing Address 19 Wimbledon Court

City State Zip Code  
Lincolnshire IL 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-32

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Janet L. Raciti

Mailing Address 19 Wimbledon Court

City State Zip Code  
Lincolnshire IL 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-32

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101.77**

**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: (check only one)	PAGE 59 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sundar Ramanan		Date of Receipt	
	Mailing Address 1146 Azalea Way		M M / D D / Y Y Y Y 08 / 06 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20100819122319-148
	Simi Valley	CA	93065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		13.92	
Name of Employer Baxter Healthcare Corporation		Occupation Sr Mgr, Reg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.42		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sundar Ramanan		Date of Receipt	
	Mailing Address 1146 Azalea Way		M M / D D / Y Y Y Y 08 / 20 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20100915132516-147
	Simi Valley	CA	93065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		13.92	
Name of Employer Baxter Healthcare Corporation		Occupation Sr Mgr, Reg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.42		

<b>C.</b>	Full Name (Last, First, Middle Initial) David H. Resnicoff		Date of Receipt	
	Mailing Address 926 Valley Road		M M / D D / Y Y Y Y 08 / 06 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20100819122319-180
	Glencoe	IL	60022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		58.25	
Name of Employer Baxter International Inc.		Occupation Assoc Gen Coun/VP Compliance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 983.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>86.09</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 60 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)  
David H. Resnicoff

Mailing Address 926 Valley Road

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Occupation  
Baxter International Inc. Assoc Gen Coun/VP Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
983.41

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-179

Amount of Each Receipt this Period  
58.25

**B.**

Full Name (Last, First, Middle Initial)  
Darwin Richardson

Mailing Address 3927 Corte Cancion

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation  
Baxter Healthcare Corpora- tion Sr Director, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-51

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Darwin Richardson

Mailing Address 3927 Corte Cancion

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation  
Baxter Healthcare Corpora- tion Sr Director, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-51

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **98.25**

**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 61 / 81
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dawn D. Robinson-Rose		Date of Receipt																					
	Mailing Address 1007 La Rambla Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	6		2	0	1	0														
	City State Zip Code Burbank CA 91501-1621		<b>Transaction ID:</b> 20100819122319-106																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Baxter Healthcare Corporation Occupation: Dir, Implementation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																				
25.00																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Dawn D. Robinson-Rose		Date of Receipt																					
	Mailing Address 1007 La Rambla Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	0		2	0	1	0														
	City State Zip Code Burbank CA 91501-1621		<b>Transaction ID:</b> 20100915132516-106																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Baxter Healthcare Corporation Occupation: Dir, Implementation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																				
25.00																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Jill A. Rowilson		Date of Receipt																					
	Mailing Address 1280 21st St NW Unit 906 Apt 906		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	6		2	0	1	0														
	City State Zip Code Washington DC 20036		<b>Transaction ID:</b> 20100819122319-96																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Baxter Healthcare Corporation Occupation: Sr. Mgr, PAC and Grassroots Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 392.00		<table border="1"> <tr> <td colspan="10">23.26</td> </tr> </table>		23.26																				
23.26																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>73.26</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 62 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial) Jill A. Rowilson		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 1280 21st St NW Unit 906 Apt 906		Transaction ID: 20100915132516-96
City Washington	State Zip Code DC 20036	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.26
Name of Employer Baxter Healthcare Corporation	Occupation Sr. Mgr, PAC and Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph Russo		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 27928 Periwinkle Lane		Transaction ID: 20100819122319-150
City Valencia	State Zip Code CA 91354	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Envir Health & Safety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.46	

**C.**

Full Name (Last, First, Middle Initial) Joseph Russo		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 27928 Periwinkle Lane		Transaction ID: 20100915132516-149
City Valencia	State Zip Code CA 91354	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Envir Health & Safety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 559.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.94
<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 63 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Roibin Ryan

Mailing Address 1419 W Berteau

City State Zip Code  
Chicago IL 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 ▼ 1717.25

Date of Receipt: 08 / 06 / 2010  
**Transaction ID:** 20100819122319-177  
 Amount of Each Receipt this Period: 101.89

**B.**

Full Name (Last, First, Middle Initial)  
Roibin Ryan

Mailing Address 1419 W Berteau

City State Zip Code  
Chicago IL 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 ▼ 1717.25

Date of Receipt: 08 / 20 / 2010  
**Transaction ID:** 20100915132516-176  
 Amount of Each Receipt this Period: 101.89

**C.**

Full Name (Last, First, Middle Initial)  
Kaissar Saade

Mailing Address 18522 Roslin Ave

City State Zip Code  
Torrance CA 90504

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

Name of Employer: Baxter Healthcare Corporation Occupation: Principal Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.98

Date of Receipt: 08 / 06 / 2010  
**Transaction ID:** 20100819122319-71  
 Amount of Each Receipt this Period: 17.14

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.92

**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 64 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Kaissar Saade

Mailing Address 18522 Roslin Ave

City Torrance State CA Zip Code 90504

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

Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.98

Date of Receipt 08 / 20 / 2010  
**Transaction ID:** 20100915132516-71  
 Amount of Each Receipt this Period 17.14

**B.**

Full Name (Last, First, Middle Initial)  
James K. Saccaro

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 ▼ 977.48

Date of Receipt 08 / 06 / 2010  
**Transaction ID:** 20100819122319-186  
 Amount of Each Receipt this Period 62.50

**C.**

Full Name (Last, First, Middle Initial)  
James K. Saccaro

Mailing Address 915 Ash Street  
Baxter Expat Admin

City Winnetka State IL Zip Code 60093

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 ▼ 977.48

Date of Receipt 08 / 20 / 2010  
**Transaction ID:** 20100915132516-185  
 Amount of Each Receipt this Period 62.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 142.14

**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 65 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ashish Sagrolikar		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1012 Alden Lane		<b>Transaction ID:</b> 20100819122319-156		
	City Buffalo Grove	State IL	Zip Code 60089	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 225.00		
Name of Employer Baxter Healthcare Corporation		Occupation VP I, Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Ashish Sagrolikar		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 1012 Alden Lane		<b>Transaction ID:</b> 20100915132516-155		
	City Buffalo Grove	State IL	Zip Code 60089	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 225.00		
Name of Employer Baxter Healthcare Corporation		Occupation VP I, Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) David P. Scharf		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 931 Oak Street		<b>Transaction ID:</b> 20100819122319-174		
	City Winnetka	State IL	Zip Code 60093	Amount of Each Receipt this Period 91.35	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1514.47		
Name of Employer Baxter International Inc.		Occupation CVP, General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	121.35
<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 66 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David P. Scharf		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 931 Oak Street		<b>Transaction ID:</b> 20100915132516-173
	City Winnetka	State IL	Zip Code 60093
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.35
	Name of Employer Baxter International Inc.	Occupation CVP, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1514.47	

<b>B.</b>	Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 1621 Mission Hills Rd Unit 211 Apt 211		<b>Transaction ID:</b> 20100819122319-3
	City Northbrook	State IL	Zip Code 60062
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 61.01
	Name of Employer Baxter Healthcare Corporation	Occupation VP II, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1023.79	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 1621 Mission Hills Rd Unit 211 Apt 211		<b>Transaction ID:</b> 20100915132516-3
	City Northbrook	State IL	Zip Code 60062
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 61.01
	Name of Employer Baxter Healthcare Corporation	Occupation VP II, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1023.79	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>213.37</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 67 / 81  
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

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

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 VP II, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 982.30

Date of Receipt 08 / 06 / 2010

**Transaction ID:** 20100819122319-160

Amount of Each Receipt this Period 61.54

**B.**

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

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 VP II, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 982.30

Date of Receipt 08 / 20 / 2010

**Transaction ID:** 20100915132516-159

Amount of Each Receipt this Period 61.54

**C.**

Full Name (Last, First, Middle Initial)  
Terry (John) Simmons

Mailing Address 1013 Windhaven Road

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Global Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 06 / 2010

**Transaction ID:** 20100819122319-155

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.08**

**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 68 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry (John) Simmons		Date of Receipt
	Mailing Address 1013 Windhaven Road		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Libertyville	IL	60048
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-154
Name of Employer Baxter Healthcare Corporation		Occupation VP, Global Purchasing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="15.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Lori E. Sims		Date of Receipt
	Mailing Address 66 Cooper Drive		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Glastonbury	CT	06033
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100819122319-100
Name of Employer Baxter Healthcare Corporation		Occupation Mgr, State Government Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="386.02"/>	<input type="text" value="22.88"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Lori E. Sims		Date of Receipt
	Mailing Address 66 Cooper Drive		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Glastonbury	CT	06033
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100915132516-100
Name of Employer Baxter Healthcare Corporation		Occupation Mgr, State Government Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="386.02"/>	<input type="text" value="22.88"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 69 / 81
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah G. Spak	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 1555 Stratford	<b>Transaction ID:</b> 20100819122319-181
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 14.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International Inc. Dir, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.92	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah G. Spak	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 1555 Stratford	<b>Transaction ID:</b> 20100915132516-180
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 14.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International Inc. Dir, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.92	

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet M. Spaulding	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 4371 Silversmith Lane	<b>Transaction ID:</b> 20100819122319-195
	City State Zip Code Independence KY 41051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BioLife Plasma L.L.C. Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	54.84
<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 70 / 81

(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial)

Janet M. Spaulding

Mailing Address 4371 Silversmith Lane

City State Zip Code  
Independence KY 41051

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

Name of Employer Occupation  
BioLife Plasma L.L.C. Regional Operations Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-194

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City State Zip Code  
Arlington Heights IL 60005

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

Name of Employer Occupation  
Baxter International Inc. VP, Risk Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-168

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City State Zip Code  
Arlington Heights IL 60005

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

Name of Employer Occupation  
Baxter International Inc. VP, Risk Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-167

Amount of Each Receipt this Period  
40.00

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

105.00

**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 71 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial) Karenann Terrell		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 914 Queens Lanes		<b>Transaction ID:</b> 20100819122319-178
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
Name of Employer Baxter International Inc.	Occupation CVP, Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27	

**B.**

Full Name (Last, First, Middle Initial) Karenann Terrell		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 914 Queens Lanes		<b>Transaction ID:</b> 20100915132516-177
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.31
Name of Employer Baxter International Inc.	Occupation CVP, Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27	

**C.**

Full Name (Last, First, Middle Initial) Ronald J. Trudeau		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 416 W Oakwood Dr		<b>Transaction ID:</b> 20100819122319-1
City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>409.62</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 72 / 81  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City State Zip Code  
Barrington IL 60010

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

Name of Employer  
Baxter Healthcare Corporation

Occupation  
VP II, Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-1

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 619 Oleander Drive

City State Zip Code  
Hallandale FL 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 ▼  
1748.46

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 20100819122319-151

Amount of Each Receipt this Period  
103.92

**C.**

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

Mailing Address 619 Oleander Drive

City State Zip Code  
Hallandale FL 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 ▼  
1748.46

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 20100915132516-150

Amount of Each Receipt this Period  
103.92

**SUBTOTAL** of Receipts This Page (optional) ..... ► **232.84**

**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 73 / 81

(check only one)

<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

A.

Full Name (Last, First, Middle Initial)  
Chris P. Vlautin

Mailing Address 4306 Arenzano Way

City State Zip Code  
El Dorado Hills CA 95762

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Mgr, State Government Affairs  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-95

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)  
Chris P. Vlautin

Mailing Address 4306 Arenzano Way

City State Zip Code  
El Dorado Hills CA 95762

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Mgr, State Government Affairs  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-95

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)  
Vernon E. Williams

Mailing Address 1601 Wyndham Court

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP, Information Technology  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-144

Amount of Each Receipt this Period

50.00

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

90.00

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 74 / 81  
(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.** Full Name (Last, First, Middle Initial)  
Vernon E. Williams

Mailing Address 1601 Wyndham Court

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP, Information Technology  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

**Transaction ID:** 20100915132516-143

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ron K. Wilson

Mailing Address 6800 Red Rock Road

City State Zip Code  
Amarillo TX 79118

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sales Representative III  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

**Transaction ID:** 20100819122319-108

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Ron K. Wilson

Mailing Address 6800 Red Rock Road

City State Zip Code  
Amarillo TX 79118

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sales Representative III  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	0

**Transaction ID:** 20100915132516-108

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 75 / 81

(check only one)

<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.**

Full Name (Last, First, Middle Initial)

Jerzy Wojcik

Mailing Address 9375 Landings Lane Unit 404  
Unit 404

City State Zip Code  
Des Plaines IL 60016

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sr. Manager, Global Regulatory  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-158

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jerzy Wojcik

Mailing Address 9375 Landings Lane Unit 404  
Unit 404

City State Zip Code  
Des Plaines IL 60016

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

Name of Employer Occupation  
Baxter Healthcare Corpora- Sr. Manager, Global Regulatory  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 20100915132516-157

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter  
Baxter Healthcare Corp.

City State Zip Code  
Deerfield IL 60015

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

Name of Employer Occupation  
Baxter Healthcare Corpora- VP, US Supply Chain  
tion

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 863.20

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: 20100819122319-111

Amount of Each Receipt this Period

51.20

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

101.20

**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: PAGE 76 / 81  
(check only one)

<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

**A.**

Full Name (Last, First, Middle Initial) Subramaniam Yogendran		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address Baxter Healthcare Corp. One Baxter Baxter Healthcare Corp.		Transaction ID: 20100915132516-111
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.20
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, US Supply Chain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 863.20	

**B.**

Full Name (Last, First, Middle Initial) Mahshid R. Zahed		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 400 Village Green Drive Unit 106 Unit 106		Transaction ID: 20100819122319-112
City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Quality GIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

**C.**

Full Name (Last, First, Middle Initial) Mahshid R. Zahed		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 400 Village Green Drive Unit 106 Unit 106		Transaction ID: 20100915132516-112
City Lincolnshire	State IL	Zip Code 60069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Quality GIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	151.20
<b>TOTAL</b> This Period (last page this line number only) .....	10068.41

# 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Common Values Pac</p> <p>Mailing Address 901 N Washington St Suite 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Common Values Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> A7454EB9F19ACA8E08B</p> <p>Date of Disbursement 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> F461432268117DD921C</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 61D0320CB5A33F1EDBB</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

8500.00

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

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc.</p> <p>Mailing Address PO Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Diana L. DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B599D3ADABC98C2326A</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6D4C6AF6715775FA8A6</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hatch Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2012 General</p> <p>Candidate Name Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D11718A313A5A8BCBDC</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

**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)

PAGE 79 / 81

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Tenn Political Action Committee Inc (TENN PAC)	Transaction ID: F93988511F0263E093A Date of Disbursement MM / DD / YYYY 08 / 04 / 2010	
	Mailing Address 228 S Washington Street Suite 115 Suite 115	
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2010 Contribution	011 Category/ Type	
Candidate Name Tenn Political Action Committee Inc (TENN PAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Volunteers for Shimkus	Transaction ID: 92680C430C7464647D3 Date of Disbursement MM / DD / YYYY 08 / 18 / 2010	
	Mailing Address PO Box 661 PO Box 5458	
City Collinsville State IL Zip Code 62234	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement 2010 General	011 Category/ Type	
Candidate Name John M. Shimkus		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3000.00

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

14500.00

**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)

PAGE 80 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi</p> <p>Mailing Address 101 W. Baltimore Avenue 2nd Floor</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3D486EB897039974305 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Frank Dermody</p> <p>Mailing Address P.O. Box 274</p> <p>City Tarentum State PA Zip Code 15084-0274</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> AE6AF2063E7D86F58D7 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jake Corman</p> <p>Mailing Address PO Box 13053</p> <p>City Harrisburg State PA Zip Code 17110</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> AEACB3DA85AA8DF864A <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

1500.00

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Joe Scarnati <hr/> Mailing Address PO Box 177 <hr/> City State Zip Code Brookway PA 15824 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5A759D644CA1C27F081 Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
	Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Todd Eachus <hr/> Mailing Address P.O. Box 2174 <hr/> City State Zip Code Hazleton PA 18201-1052 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70DDF46D57D91E0C173 Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
	Amount of Each Disbursement this Period 500.00 <hr/> Category/Type 011

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

1000.00

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

2500.00