

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="43947.86"/>	<input type="text" value="43947.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12972.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9338.90"/>	<input type="text" value="56935.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="22311.55"/>	<input type="text" value="100883.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="80071.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20811.55"/>	<input type="text" value="20811.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5993.08	28709.32
(ii) Unitemized	3345.82	28226.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9338.90	56935.46
(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)	9338.90	56935.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9338.90	56935.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9338.90	56935.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	71.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	71.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	79500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1500.00	80071.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	80071.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9338.90	56935.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9338.90	56935.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	71.77
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	71.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Regina Atkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Silver Linden Ln
 City Buffalo Grove State IL Zip Code 60089-6631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **354.04**

Date of Receipt **07 / 01 / 2016**
Transaction ID : 20160630161818-4
 Amount of Each Receipt this Period **22.30**
 Memo Item

B. Regina Atkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Silver Linden Ln
 City Buffalo Grove State IL Zip Code 60089-6631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **354.04**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 20160720145247-4
 Amount of Each Receipt this Period **22.30**
 Memo Item

C. Regina Atkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Silver Linden Ln
 City Buffalo Grove State IL Zip Code 60089-6631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **354.04**

Date of Receipt **07 / 29 / 2016**
Transaction ID : 2016080516532-4
 Amount of Each Receipt this Period **22.30**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<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 Corporation Political Action Committee

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

Mailing Address 5343 N Lakewood Ave

City Chicago State IL Zip Code 60640-2208

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance-Ops, CSO & Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-10

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 5343 N Lakewood Ave

City Chicago State IL Zip Code 60640-2208

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance-Ops, CSO & Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-10

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 5343 N Lakewood Ave

City Chicago State IL Zip Code 60640-2208

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance-Ops, CSO & Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-10

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 8 OF 60
	<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 Corporation Political Action Committee

A. William Kevin Beckham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Grace Ln
 City Mountain Home State AR Zip Code 72653-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 01 / 2016**
Transaction ID : 20160630161818-12
 Amount of Each Receipt this Period **20.00**
 Memo Item

B. William Kevin Beckham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Grace Ln
 City Mountain Home State AR Zip Code 72653-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 20160720145247-12
 Amount of Each Receipt this Period **20.00**
 Memo Item

C. William Kevin Beckham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Grace Ln
 City Mountain Home State AR Zip Code 72653-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 29 / 2016**
Transaction ID : 2016080516532-12
 Amount of Each Receipt this Period **20.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **60.00**
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 9 OF 60
	<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 Corporation Political Action Committee

A. Mariko Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 1772 Dryden Way

City Crofton	State MD	Zip Code 21114-1436
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : 20160630161818-14

Amount of Each Receipt this Period
15.00

Memo Item

B. Mariko Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 1772 Dryden Way

City Crofton	State MD	Zip Code 21114-1436
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Government Affairs
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 20160720145247-14

Amount of Each Receipt this Period
15.00

Memo Item

C. Mariko Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 842 Sebastian Ln

City Gambrills	State MD	Zip Code 21054-2153
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Government Affairs
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

Transaction ID : 2016080516532-14

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 10 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation Political Action Committee

A. Edwin A Betancourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Oakmont Ct
 City Weston State FL Zip Code 33332-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Export Corporation Occupation VP, Ops - LA Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 906.72

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-17
 Amount of Each Receipt this Period 57.09
 Memo Item

B. Edwin A Betancourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Oakmont Ct
 City Weston State FL Zip Code 33332-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Export Corporation Occupation VP, Ops - LA Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 906.72

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-17
 Amount of Each Receipt this Period 57.09
 Memo Item

C. Edwin A Betancourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Oakmont Ct
 City Weston State FL Zip Code 33332-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Export Corporation Occupation VP, Ops - LA Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 906.72

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-17
 Amount of Each Receipt this Period 57.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	171.27
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 OF 60
(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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Simon Bhasin

Mailing Address 5172 Ohio St

City Yorba Linda	State CA	Zip Code 92886-4115
---------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr. Dir, Program Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : 20160630161818-18

Amount of Each Receipt this Period

25.00

 Memo Item

Full Name (Last, First, Middle Initial)
B. Simon Bhasin

Mailing Address 5172 Ohio St

City Yorba Linda	State CA	Zip Code 92886-4115
---------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr. Dir, Program Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 20160720145247-18

Amount of Each Receipt this Period

25.00

 Memo Item

Full Name (Last, First, Middle Initial)
C. Simon Bhasin

Mailing Address 5172 Ohio St

City Yorba Linda	State CA	Zip Code 92886-4115
---------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr. Dir, Program Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

Transaction ID : 2016080516532-18

Amount of Each Receipt this Period

25.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 12 OF 60
	<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 Corporation Political Action Committee

A. Paulo Bolgar
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 747
BAXTER EXPAT ADMIN

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter International Inc. Occupation VP, HR - International

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 01 / 2016
Transaction ID : 20160630161818-21

Amount of Each Receipt this Period
25.00

Memo Item

B. Paulo Bolgar
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 747
BAXTER EXPAT ADMIN

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter International Inc. Occupation VP, HR - International

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 20160720145247-21

Amount of Each Receipt this Period
25.00

Memo Item

C. Paulo Bolgar
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Strenger Ln

City Riverwoods State IL Zip Code 60015-1659

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

Name of Employer Baxter International Inc. Occupation VP, HR - International

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
07 / 29 / 2016
Transaction ID : 2016080516532-21

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 13 OF 60
	<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 Corporation Political Action Committee

A. Linda K Boltz
Full Name (Last, First, Middle Initial)

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 20160630161818-22

Amount of Each Receipt this Period
 25.00

Memo Item

B. Linda K Boltz
Full Name (Last, First, Middle Initial)

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 20160720145247-22

Amount of Each Receipt this Period
 25.00

Memo Item

C. Linda K Boltz
Full Name (Last, First, Middle Initial)

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 2016080516532-22

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 14 OF 60
(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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jil Boskovich

Mailing Address 8 Hastings

City Laguna Niguel State CA Zip Code 92677-2937

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

Name of Employer Baxter Healthcare Corporation Occupation Nutrition Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160630161818-25

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Jil Boskovich

Mailing Address 8 Hastings

City Laguna Niguel State CA Zip Code 92677-2937

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

Name of Employer Baxter Healthcare Corporation Occupation Nutrition Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 20160720145247-25

Amount of Each Receipt this Period
50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jil Boskovich

Mailing Address 33431 Periwinkle Dr

City Dana Point State CA Zip Code 92629-4462

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

Name of Employer Baxter Healthcare Corporation Occupation Nutrition Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 2016080516532-25

Amount of Each Receipt this Period
50.00

Memo Item

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: (check only one)	PAGE 15 OF 60
	<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 Corporation Political Action Committee

A. Gregory Christopher Boyer
Full Name (Last, First, Middle Initial)

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Sales - National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-26

Amount of Each Receipt this Period 20.00

Memo Item

B. Gregory Christopher Boyer
Full Name (Last, First, Middle Initial)

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Sales - National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-26

Amount of Each Receipt this Period 20.00

Memo Item

C. Gregory Christopher Boyer
Full Name (Last, First, Middle Initial)

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Sales - National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-26

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 16 OF 60
	<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 Corporation Political Action Committee

A. Jan M Brase
Full Name (Last, First, Middle Initial)

Mailing Address 15 Manitoba Woods Ln

City Spencerport State NY Zip Code 14559-2405

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-27

Amount of Each Receipt this Period 20.00

Memo Item

B. Jan M Brase
Full Name (Last, First, Middle Initial)

Mailing Address 15 Manitoba Woods Ln

City Spencerport State NY Zip Code 14559-2405

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-27

Amount of Each Receipt this Period 20.00

Memo Item

C. Jan M Brase
Full Name (Last, First, Middle Initial)

Mailing Address 15 Manitoba Woods Ln

City Spencerport State NY Zip Code 14559-2405

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-27

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 OF 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Shane Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 6612 Meadow Lake Dr NW
 City Albuquerque State NM Zip Code 87120-4824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Portfolio Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-43
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shane Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 6612 Meadow Lake Dr NW
 City Albuquerque State NM Zip Code 87120-4824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Portfolio Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-43
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mark Coin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 S St NW
 City Washington State DC Zip Code 20001-5073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 787.32

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-44
 Amount of Each Receipt this Period 49.89
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.89
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 18 OF 60
	<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 Corporation Political Action Committee

A. Mark Coin
Full Name (Last, First, Middle Initial)
Mailing Address 1006 S St NW
City Washington State DC Zip Code 20001-5073
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 787.32

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-44
Amount of Each Receipt this Period 49.89
 Memo Item

B. Mark Coin
Full Name (Last, First, Middle Initial)
Mailing Address 1006 S St NW
City Washington State DC Zip Code 20001-5073
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 787.32

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-44
Amount of Each Receipt this Period 49.89
 Memo Item

C. Margarita Cruz-casse
Full Name (Last, First, Middle Initial)
Mailing Address 153 Calle Violeta
City San Juan State PR Zip Code 00927-6208
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 ▼ 959.04

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-49
Amount of Each Receipt this Period 60.45
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 160.23
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 60
	<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Margarita Cruz-casse		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 20160720145247-49
Mailing Address 153 Calle Violeta		Amount of Each Receipt this Period 60.45
City San Juan	State PR	Zip Code 00927-6208
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter	Occupation Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 959.04	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-49
Mailing Address 153 Calle Violeta		Amount of Each Receipt this Period 60.45
City San Juan	State PR	Zip Code 00927-6208
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter	Occupation Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 959.04	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Salvatore S Dadouche		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-51
Mailing Address 868 Interlaken Dr		Amount of Each Receipt this Period 20.00
City Lake Zurich	State IL	Zip Code 60047-1338
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Total Rewards & HR Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....	140.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 60
	<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 Corporation Political Action Committee

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

Mailing Address 868 Interlaken Dr

City Lake Zurich State IL Zip Code 60047-1338

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Total Rewards & HR Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 20160720145247-51

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 868 Interlaken Dr

City Lake Zurich State IL Zip Code 60047-1338

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Total Rewards & HR Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 2016080516532-51

Amount of Each Receipt this Period
 20.00

Memo Item

C. Kathryn T Edinger
Full Name (Last, First, Middle Initial)

Mailing Address 1122 N Clark St Apt 3810

City Chicago State IL Zip Code 60610-2898

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

Name of Employer Baxter Healthcare Corporation Occupation ASD, Anesthesia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 20160630161818-64

Amount of Each Receipt this Period
 19.03

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.03

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 21 OF 60
	<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Kathryn T Edinger		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 20160720145247-64
Mailing Address 1122 N Clark St Apt 3810		Amount of Each Receipt this Period 19.03
City Chicago	State IL	Zip Code 60610-2898
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation ASD, Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.20	

Full Name (Last, First, Middle Initial) B. Kathryn T Edinger		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-64
Mailing Address 336 Old Sutton Rd		Amount of Each Receipt this Period 19.03
City Barrington	State IL	Zip Code 60010-9368
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation ASD, Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.20	

Full Name (Last, First, Middle Initial) C. Denise Marie Ehnen		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-66
Mailing Address 8871 Little Creek Dr		Amount of Each Receipt this Period 15.00
City Roseville	State CA	Zip Code 95661-5966
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation RM, MD IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional).....▶	53.06
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 OF 60
	<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 Corporation Political Action Committee

A. Denise Marie Ehnen
Full Name (Last, First, Middle Initial)

Mailing Address 8871 Little Creek Dr

City Roseville State CA Zip Code 95661-5966

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

Name of Employer Baxter Healthcare Corporation Occupation RM, MD IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-66

Amount of Each Receipt this Period 15.00

Memo Item

B. Denise Marie Ehnen
Full Name (Last, First, Middle Initial)

Mailing Address 8871 Little Creek Dr

City Roseville State CA Zip Code 95661-5966

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

Name of Employer Baxter Healthcare Corporation Occupation RM, MD IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-66

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 189 Lions Ct

City Lake Zurich State IL Zip Code 60047-7012

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-69

Amount of Each Receipt this Period 25.00

Memo Item

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 23 OF 60
<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Peter Etienne		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 20160720145247-69
Mailing Address 189 Lions Ct		Amount of Each Receipt this Period 25.00
City Lake Zurich	State IL	Zip Code 60047-7012
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter International Inc.	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Peter Etienne		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-69
Mailing Address 189 Lions Ct		Amount of Each Receipt this Period 25.00
City Lake Zurich	State IL	Zip Code 60047-7012
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter International Inc.	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Valery E Gallagher		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-82
Mailing Address 14334 Spring Meadow Ct		Amount of Each Receipt this Period 94.66
City Libertyville	State IL	Zip Code 60048-2490
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation Global Dir, GAPP Hospital Prod	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1503.40	

SUBTOTAL of Receipts This Page (optional).....▶	144.66
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 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 14334 Spring Meadow Ct

City Libertyville	State IL	Zip Code 60048-2490
----------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Global Dir, GAPP Hospital Prod
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1503.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 20160720145247-83

Amount of Each Receipt this Period

94.66

 Memo Item

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

Mailing Address 14334 Spring Meadow Ct

City Libertyville	State IL	Zip Code 60048-2490
----------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Global Dir, GAPP Hospital Prod
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1503.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

Transaction ID : 2016080516532-83

Amount of Each Receipt this Period

94.66

 Memo Item

C. Cynthia L Gallien
Full Name (Last, First, Middle Initial)

Mailing Address 3005 S Forrester St

City Bloomington	State IN	Zip Code 47401-4494
---------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : 20160630161818-83

Amount of Each Receipt this Period

20.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.32
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 25 OF 60
	<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Cynthia L Gallien

Mailing Address 3005 S Forrester St

City Bloomington State IN Zip Code 47401-4494

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 15 / 2016**

Transaction ID : 20160720145247-84

Amount of Each Receipt this Period **20.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Cynthia L Gallien

Mailing Address 3005 S Forrester St

City Bloomington State IN Zip Code 47401-4494

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 29 / 2016**

Transaction ID : 2016080516532-84

Amount of Each Receipt this Period **20.00**

Memo Item

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

Mailing Address 3775 Riverly Trce

City Marietta State GA Zip Code 30067-4241

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 ▼ **1031.42**

Date of Receipt **07 / 01 / 2016**

Transaction ID : 20160630161818-86

Amount of Each Receipt this Period **64.94**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.94
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 26 OF 60
	<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 Corporation Political Action Committee

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

Mailing Address 3775 Riverly Trce

City State Zip Code
Marietta GA 30067-4241

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Environ, Health & Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1031.42

Date of Receipt
07 / 15 / 2016
Transaction ID : 20160720145247-87

Amount of Each Receipt this Period
64.94

Memo Item

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

Mailing Address 3775 Riverly Trce

City State Zip Code
Marietta GA 30067-4241

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Environ, Health & Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1031.42

Date of Receipt
07 / 29 / 2016
Transaction ID : 2016080516532-87

Amount of Each Receipt this Period
64.94

Memo Item

Full Name (Last, First, Middle Initial)
C. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City State Zip Code
Libertyville IL 60048-1515

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Strategy & Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
996.94

Date of Receipt
07 / 01 / 2016
Transaction ID : 20160630161818-99

Amount of Each Receipt this Period
62.77

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.65

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 27 OF 60
	<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 Corporation Political Action Committee

A. Laurie R Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1340 Crest Rd
 City Libertyville State IL Zip Code 60048-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Strategy & Integration
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **996.94**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 20160720145247-100
 Amount of Each Receipt this Period **62.77**
 Memo Item

B. Laurie R Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1340 Crest Rd
 City Libertyville State IL Zip Code 60048-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Strategy & Integration
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **996.94**

Date of Receipt **07 / 29 / 2016**
Transaction ID : 2016080516532-100
 Amount of Each Receipt this Period **62.77**
 Memo Item

C. Richard W Hotzfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Charity Dr
 City Brentwood State TN Zip Code 37027-8655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Nat'l Accts-GPO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **07 / 01 / 2016**
Transaction ID : 20160630161818-101
 Amount of Each Receipt this Period **15.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 60
	<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 Corporation Political Action Committee

A. Richard W Hotzfeld
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Charity Dr

City State Zip Code
Brentwood TN 37027-8655

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Nat'l Accts-GPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2016

Transaction ID : 20160720145247-102

Amount of Each Receipt this Period
15.00

Memo Item

B. Richard W Hotzfeld
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Charity Dr

City State Zip Code
Brentwood TN 37027-8655

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Nat'l Accts-GPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2016

Transaction ID : 2016080516532-102

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address 31385 W Somerset Cir

City State Zip Code
Libertyville IL 60048-4886

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Ops - US/Canada Area

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2016

Transaction ID : 20160630161818-108

Amount of Each Receipt this Period
25.00

Memo Item

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 29 OF 60
	<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 Corporation Political Action Committee

A. Andrew W Kamai
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Greystone Dr

City Gurnee State IL Zip Code 60031-9128

FEC ID number of contributing federal political committee.

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /

Transaction ID : 20160630161818-112

Amount of Each Receipt this Period

Memo Item

B. Andrew W Kamai
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Greystone Dr

City Gurnee State IL Zip Code 60031-9128

FEC ID number of contributing federal political committee.

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /

Transaction ID : 20160720145247-112

Amount of Each Receipt this Period

Memo Item

C. Andrew W Kamai
Full Name (Last, First, Middle Initial)

Mailing Address 1675 N Woods Way

City Vernon Hills State IL Zip Code 60061-1237

FEC ID number of contributing federal political committee.

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /

Transaction ID : 2016080516532-112

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 60
<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Peter J Karas		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-113
Mailing Address 415 E Hillside Ave		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010-4528
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Peter J Karas		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 20160720145247-113
Mailing Address 415 E Hillside Ave		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010-4528
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Peter J Karas		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-113
Mailing Address 366 S Bateman Cir		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010-7611
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 31 OF 60
	<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 Corporation Political Action Committee

A. Omar H Khalil
Full Name (Last, First, Middle Initial)

Mailing Address 821 Windsor Rd

City State Zip Code
Glenview IL 60025-3128

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

Name of Employer Occupation
Baxter Healthcare Corporation VP Marketing, US Surgical Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016
Transaction ID : 20160630161818-116

Amount of Each Receipt this Period
25.00

Memo Item

B. Omar H Khalil
Full Name (Last, First, Middle Initial)

Mailing Address 821 Windsor Rd

City State Zip Code
Glenview IL 60025-3128

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

Name of Employer Occupation
Baxter Healthcare Corporation VP Marketing, US Surgical Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016
Transaction ID : 20160720145247-116

Amount of Each Receipt this Period
25.00

Memo Item

C. Omar H Khalil
Full Name (Last, First, Middle Initial)

Mailing Address 916 Hunter Rd

City State Zip Code
Glenview IL 60025-3310

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

Name of Employer Occupation
Baxter Healthcare Corporation VP Marketing, US Surgical Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016
Transaction ID : 2016080516532-116

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 32 OF 60
	<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 Corporation Political Action Committee

A. Michael C Kosko
Full Name (Last, First, Middle Initial)

Mailing Address 423 Kevin Dr

City Bethlehem State PA Zip Code 18017-2455

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management East

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 20160630161818-119

Amount of Each Receipt this Period
 25.00

Memo Item

B. Michael C Kosko
Full Name (Last, First, Middle Initial)

Mailing Address 423 Kevin Dr

City Bethlehem State PA Zip Code 18017-2455

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management East

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 20160720145247-119

Amount of Each Receipt this Period
 25.00

Memo Item

C. Michael C Kosko
Full Name (Last, First, Middle Initial)

Mailing Address 423 Kevin Dr

City Bethlehem State PA Zip Code 18017-2455

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management East

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 2016080516532-119

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 33 OF 60
	<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Timothy P Lawrence		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-123
Mailing Address 1175 Museum Blvd Unit 210		Amount of Each Receipt this Period 84.42
City Vernon Hills	State IL	Zip Code 60061-3156
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1259.38	

Full Name (Last, First, Middle Initial) B. Timothy P Lawrence		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-123
Mailing Address 1175 Museum Blvd Unit 210		Amount of Each Receipt this Period 84.42
City Vernon Hills	State IL	Zip Code 60061-3156
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1259.38	

Full Name (Last, First, Middle Initial) C. Mary F Lemke		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-125
Mailing Address 3121 Renaissance Way NE		Amount of Each Receipt this Period 17.07
City Atlanta	State GA	Zip Code 30308-2463
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation Area Director, Renal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.96	

SUBTOTAL of Receipts This Page (optional).....▶	185.91
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 OF 60
	<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 Corporation Political Action Committee

A. Mary F Lemke
Full Name (Last, First, Middle Initial)

Mailing Address 3121 Renaissance Way NE

City	State	Zip Code
Atlanta	GA	30308-2463

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Area Director, Renal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	6

Transaction ID : 20160720145247-124

Amount of Each Receipt this Period
17.07

Memo Item

B. Mary F Lemke
Full Name (Last, First, Middle Initial)

Mailing Address 3121 Renaissance Way NE

City	State	Zip Code
Atlanta	GA	30308-2463

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Area Director, Renal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	6

Transaction ID : 2016080516532-125

Amount of Each Receipt this Period
17.07

Memo Item

C. Kelli Lester
Full Name (Last, First, Middle Initial)

Mailing Address 3623 Stanford Cir

City	State	Zip Code
Falls Church	VA	22041-1316

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Global Dir, GAPP Renal Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

Transaction ID : 20160630161818-126

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.14
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 35 OF 60
	<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 Corporation Political Action Committee

A. Kelli Lester
Full Name (Last, First, Middle Initial)

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

Name of Employer Baxter Healthcare Corporation Occupation Global Dir, GAPP Renal Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : **20160720145247-125**

Amount of Each Receipt this Period **45.00**

Memo Item

B. Kelli Lester
Full Name (Last, First, Middle Initial)

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

Name of Employer Baxter Healthcare Corporation Occupation Global Dir, GAPP Renal Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **07 / 29 / 2016**
Transaction ID : **2016080516532-126**

Amount of Each Receipt this Period **45.00**

Memo Item

C. Scott P Luce
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

Name of Employer Baxter Healthcare Corporation Occupation GM, US Hospital Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **07 / 01 / 2016**
Transaction ID : **20160630161818-134**

Amount of Each Receipt this Period **20.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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 36 OF 60
	<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 Corporation Political Action Committee

A. Scott P Luce
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Kristin Dr

City State Zip Code
Libertyville IL 60048-1285

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, US Hospital Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 20160720145247-133

Amount of Each Receipt this Period
20.00

Memo Item

B. Scott P Luce
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Kristin Dr

City State Zip Code
Libertyville IL 60048-1285

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, US Hospital Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
07 / 29 / 2016
Transaction ID : 2016080516532-134

Amount of Each Receipt this Period
20.00

Memo Item

C. Jack Maniko
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Barnaby St NW

City State Zip Code
Washington DC 20015-2331

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Fed Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
07 / 01 / 2016
Transaction ID : 20160630161818-138

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 37 OF 60
	<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 Corporation Political Action Committee

A. Jack Maniko
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Barnaby St NW

City Washington State DC Zip Code 20015-2331

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 20160720145247-137

Amount of Each Receipt this Period
 35.00

Memo Item

B. Jack Maniko
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Barnaby St NW

City Washington State DC Zip Code 20015-2331

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 2016080516532-138

Amount of Each Receipt this Period
 35.00

Memo Item

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

Mailing Address 10680 Red Leaf Cir

City Village Of Lakewood State IL Zip Code 60014-4852

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Ops Program Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 20160630161818-139

Amount of Each Receipt this Period
 23.30

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.30

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 38 OF 60
	<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 Corporation Political Action Committee

A. Jeanne K Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Duffy Ln
 City Bannockburn State IL Zip Code 60015-1512
 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 ▼ 3163.86

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-140
 Amount of Each Receipt this Period 211.54
 Memo Item

B. Jeanne K Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Duffy Ln
 City Bannockburn State IL Zip Code 60015-1512
 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 ▼ 3163.86

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-138
 Amount of Each Receipt this Period 211.54
 Memo Item

C. Jeanne K Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Duffy Ln
 City Bannockburn State IL Zip Code 60015-1512
 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 ▼ 3163.86

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-139
 Amount of Each Receipt this Period 211.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.62
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: (check only one)	PAGE 39 OF 60
	<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 Corporation Political Action Committee

A. Dana Mendenhall
Full Name (Last, First, Middle Initial)

Mailing Address 106 S Sangamon St
Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-144

Amount of Each Receipt this Period 25.00

Memo Item

B. Dana Mendenhall
Full Name (Last, First, Middle Initial)

Mailing Address 106 S Sangamon St
Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-142

Amount of Each Receipt this Period 25.00

Memo Item

C. Dana Mendenhall
Full Name (Last, First, Middle Initial)

Mailing Address 106 S Sangamon St
Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-143

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 40 OF 60
	<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 Corporation Political Action Committee

A. Mark R Nail
Full Name (Last, First, Middle Initial)

Mailing Address 8217 Monterra Ranch Dr
Apt 1203

City Fort Worth State TX Zip Code 76177-8529

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 01 / 2016
Transaction ID : 20160630161818-148

Amount of Each Receipt this Period
25.00

Memo Item

B. Mark R Nail
Full Name (Last, First, Middle Initial)

Mailing Address 8217 Monterra Ranch Dr
Apt 1203

City Fort Worth State TX Zip Code 76177-8529

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 15 / 2016
Transaction ID : 20160720145247-146

Amount of Each Receipt this Period
25.00

Memo Item

C. Mark R Nail
Full Name (Last, First, Middle Initial)

Mailing Address 611 Treeline Dr

City Argyle State TX Zip Code 76226-1248

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 29 / 2016
Transaction ID : 2016080516532-147

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 41 OF 60
(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 Corporation Political Action Committee

A. Christopher John Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 2578 E Beechnut Ct
City Chandler State AZ Zip Code 85249-3514
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation RM, BioSurgery
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 299.20

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-149
Amount of Each Receipt this Period 24.04
 Memo Item

B. Christopher John Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 2578 E Beechnut Ct
City Chandler State AZ Zip Code 85249-3514
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation RM, BioSurgery
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 299.20

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-147
Amount of Each Receipt this Period 24.04
 Memo Item

C. Christopher John Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 2578 E Beechnut Ct
City Chandler State AZ Zip Code 85249-3514
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation RM, BioSurgery
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 299.20

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-148
Amount of Each Receipt this Period 24.04
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.12
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 42 OF 60
	<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 Corporation Political Action Committee

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

Mailing Address 1933 Oak Tree Trl

City Lake Villa State IL Zip Code 60046-7557

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

Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-157

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 1933 Oak Tree Trl

City Lake Villa State IL Zip Code 60046-7557

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

Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-155

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 1933 Oak Tree Trl

City Lake Villa State IL Zip Code 60046-7557

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

Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-156

Amount of Each Receipt this Period 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 43 OF 60
	<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 Corporation Political Action Committee

A. Craig R Prather
Full Name (Last, First, Middle Initial)

Mailing Address 40819 N Gridley Dr

City Antioch State IL Zip Code 60002-8898

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management West

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2016
Transaction ID : 20160720145247-160

Amount of Each Receipt this Period
 25.00

Memo Item

B. Craig R Prather
Full Name (Last, First, Middle Initial)

Mailing Address 40819 N Gridley Dr

City Antioch State IL Zip Code 60002-8898

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management West

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2016
Transaction ID : 2016080516532-161

Amount of Each Receipt this Period
 25.00

Memo Item

C. Edward C Rainey
Full Name (Last, First, Middle Initial)

Mailing Address 412 Mclver St

City Greenville State SC Zip Code 29601-4408

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Nat'l Accts-Alt Site

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : 20160630161818-168

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 44 OF 60
	<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 Corporation Political Action Committee

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

Mailing Address 412 Mclver St

City Greenville State SC Zip Code 29601-4408

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Nat'l Accts-Alt Site

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : 20160720145247-166

Amount of Each Receipt this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Edward C Rainey

Mailing Address 412 Mclver St

City Greenville State SC Zip Code 29601-4408

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Nat'l Accts-Alt Site

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 2016080516532-167

Amount of Each Receipt this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Crystal A Riley

Mailing Address 10210 Angora Dr

City Cheltenham State MD Zip Code 20623-1068

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

Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 20160630161818-175

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 45 OF 60
	<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Crystal A Riley

Mailing Address 10210 Angora Dr

City	State	Zip Code
Cheltenham	MD	20623-1068

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Manager, Healthcare Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : 20160720145247-173

Amount of Each Receipt this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Crystal A Riley

Mailing Address 10210 Angora Dr

City	State	Zip Code
Cheltenham	MD	20623-1068

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Manager, Healthcare Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

Transaction ID : 2016080516532-174

Amount of Each Receipt this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Bela Sastry

Mailing Address 9504 Tuba Ct

City	State	Zip Code
Vienna	VA	22182-1648

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Director, Federal Legislative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1353.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : 20160630161818-184

Amount of Each Receipt this Period
84.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	134.62
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: (check only one)	PAGE 46 OF 60
<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 Corporation Political Action Committee

A. Bela Sastry
Full Name (Last, First, Middle Initial)

Mailing Address 9504 Tuba Ct

City Vienna State VA Zip Code 22182-1648

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Director, Federal Legislative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1353.92

Date of Receipt
07 / 15 / 2016
Transaction ID : 20160720145247-182

Amount of Each Receipt this Period
84.62

Memo Item

B. Bela Sastry
Full Name (Last, First, Middle Initial)

Mailing Address 9504 Tuba Ct

City Vienna State VA Zip Code 22182-1648

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Director, Federal Legislative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1353.92

Date of Receipt
07 / 29 / 2016
Transaction ID : 2016080516532-183

Amount of Each Receipt this Period
84.62

Memo Item

C. Eric A Sato
Full Name (Last, First, Middle Initial)

Mailing Address 381 W Prairie Walk Ln

City Round Lake State IL Zip Code 60073-4255

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sr Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 01 / 2016
Transaction ID : 20160630161818-185

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	194.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 60
	<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 Corporation Political Action Committee

A. Eric A Sato
Full Name (Last, First, Middle Initial)

Mailing Address 381 W Prairie Walk Ln

City Round Lake State IL Zip Code 60073-4255

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-183

Amount of Each Receipt this Period 25.00

Memo Item

B. Eric A Sato
Full Name (Last, First, Middle Initial)

Mailing Address 381 W Prairie Walk Ln

City Round Lake State IL Zip Code 60073-4255

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-184

Amount of Each Receipt this Period 25.00

Memo Item

C. David P Scharf
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2084.64

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-188

Amount of Each Receipt this Period 130.77

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.77

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 48 OF 60
	<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 Corporation Political Action Committee

A. David P Scharf
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2084.64**

Date of Receipt **07 / 15 / 2016**

Transaction ID : 20160720145247-186

Amount of Each Receipt this Period **130.77**

Memo Item

B. David P Scharf
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2084.64**

Date of Receipt **07 / 29 / 2016**

Transaction ID : 2016080516532-187

Amount of Each Receipt this Period **130.77**

Memo Item

C. Jeffrey Allen Sexton
Full Name (Last, First, Middle Initial)

Mailing Address 19 Cochran View Dr

City Marion State NC Zip Code 28752-6014

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

Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.26**

Date of Receipt **07 / 01 / 2016**

Transaction ID : 20160630161818-195

Amount of Each Receipt this Period **15.64**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **277.18**

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 49 OF 60
	<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 Corporation Political Action Committee

A. Jeffrey Allen Sexton
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Cochran View Dr
 City Marion State NC Zip Code 28752-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.26

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-193
 Amount of Each Receipt this Period 15.64
 Memo Item

B. Jeffrey Allen Sexton
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Cochran View Dr
 City Marion State NC Zip Code 28752-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.26

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-193
 Amount of Each Receipt this Period 15.64
 Memo Item

C. Lori E Sims
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Cooper Dr
 City Glastonbury State CT Zip Code 06033-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr II, State Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.80

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-198
 Amount of Each Receipt this Period 29.57
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.85
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 OF 60
	<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Lori E Sims		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 20160720145247-196
Mailing Address 66 Cooper Dr		Amount of Each Receipt this Period 29.57
City Glastonbury	State CT	Zip Code 06033-1020
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, State Govt Affairs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.80	

Full Name (Last, First, Middle Initial) B. Lori E Sims		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-196
Mailing Address 66 Cooper Dr		Amount of Each Receipt this Period 29.57
City Glastonbury	State CT	Zip Code 06033-1020
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr II, State Govt Affairs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.80	

Full Name (Last, First, Middle Initial) C. Catherine Ann Skala		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-199
Mailing Address 1014 Oakwood Ave		Amount of Each Receipt this Period 20.00
City Wilmette	State IL	Zip Code 60091-3322
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation VP, Program Touchstone	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	79.14
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 51 OF 60
	<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 Corporation Political Action Committee

A. Catherine Ann Skala
Full Name (Last, First, Middle Initial)

Mailing Address 1014 Oakwood Ave

City Wilmette State IL Zip Code 60091-3322

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

Name of Employer Baxter International Inc. Occupation VP, Program Touchstone

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-197

Amount of Each Receipt this Period 20.00

Memo Item

B. Catherine Ann Skala
Full Name (Last, First, Middle Initial)

Mailing Address 1014 Oakwood Ave

City Wilmette State IL Zip Code 60091-3322

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

Name of Employer Baxter International Inc. Occupation VP, Program Touchstone

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-197

Amount of Each Receipt this Period 20.00

Memo Item

C. Beverly B Smith
Full Name (Last, First, Middle Initial)

Mailing Address 869 Deep Woods Dr

City Marion State NC Zip Code 28752-8252

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-200

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 52 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Beverly B Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Deep Woods Dr
 City Marion State NC Zip Code 28752-8252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 20160720145247-198
 Amount of Each Receipt this Period **20.00**
 Memo Item

B. Beverly B Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Deep Woods Dr
 City Marion State NC Zip Code 28752-8252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 29 / 2016**
Transaction ID : 2016080516532-198
 Amount of Each Receipt this Period **20.00**
 Memo Item

c. Deborah G Spak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 Stratford Rd
 City Deerfield State IL Zip Code 60015-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Dir, Global Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **303.70**

Date of Receipt **07 / 01 / 2016**
Transaction ID : 20160630161818-201
 Amount of Each Receipt this Period **19.12**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.12
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 53 OF 60
	<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 Corporation Political Action Committee

A. Deborah G Spak
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Stratford Rd

City State Zip Code
Deerfield IL 60015-2147

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

Name of Employer Occupation
Baxter International Inc. Dir, Global Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016
Transaction ID : 20160720145247-199

Amount of Each Receipt this Period
19.12

Memo Item

B. Deborah G Spak
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Stratford Rd

City State Zip Code
Deerfield IL 60015-2147

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

Name of Employer Occupation
Baxter International Inc. Dir, Global Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016
Transaction ID : 2016080516532-199

Amount of Each Receipt this Period
19.12

Memo Item

C. Elizabeth F Stoll
Full Name (Last, First, Middle Initial)

Mailing Address 3014 Greendale Dr NW

City State Zip Code
Atlanta GA 30327-1609

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, State Sovt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.14

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016
Transaction ID : 20160720145247-202

Amount of Each Receipt this Period
13.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....	51.85
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 OF 60
	<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 Corporation Political Action Committee

A. Elizabeth F Stoll
Full Name (Last, First, Middle Initial)

Mailing Address 3014 Greendale Dr NW

City Atlanta State GA Zip Code 30327-1609

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, State Sovt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.14

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-202

Amount of Each Receipt this Period 13.61

Memo Item

B. Russell Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 742 Hibbens Grant Blvd

City Mt Pleasant State SC Zip Code 29464-8236

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Region Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.66

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-205

Amount of Each Receipt this Period 13.22

Memo Item

C. Ronald Allen Vitales
Full Name (Last, First, Middle Initial)

Mailing Address 11229 Ashley Ln

City Fishers State IN Zip Code 46038-1851

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

Name of Employer Baxter Healthcare Corporation Occupation ASD, ApaTech Orthobiologics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-211

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.83

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 55 OF 60
	<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 Corporation Political Action Committee

A. Ronald Allen Vitales
Full Name (Last, First, Middle Initial)
Mailing Address 11229 Ashley Ln
City Fishers State IN Zip Code 46038-1851
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation ASD, ApaTech Orthobiologics
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 15 / 2016**
Transaction ID : 20160720145247-209
Amount of Each Receipt this Period **50.00**
 Memo Item

B. Ronald Allen Vitales
Full Name (Last, First, Middle Initial)
Mailing Address 11229 Ashley Ln
City Fishers State IN Zip Code 46038-1851
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation ASD, ApaTech Orthobiologics
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 29 / 2016**
Transaction ID : 2016080516532-209
Amount of Each Receipt this Period **50.00**
 Memo Item

C. Eric C Walker
Full Name (Last, First, Middle Initial)
Mailing Address 1082 Lee Road 368
City Valley State AL Zip Code 36854-6532
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **07 / 01 / 2016**
Transaction ID : 20160630161818-212
Amount of Each Receipt this Period **20.00**
 Memo Item

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 56 OF 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Eric C Walker

Mailing Address 1082 Lee Road 368

City Valley State AL Zip Code 36854-6532

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
07 / 15 / 2016
Transaction ID : 20160720145247-210

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Eric C Walker

Mailing Address 1082 Lee Road 368

City Valley State AL Zip Code 36854-6532

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
07 / 29 / 2016
Transaction ID : 2016080516532-210

Amount of Each Receipt this Period
20.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
07 / 01 / 2016
Transaction ID : 20160630161818-222

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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 57 OF 60
	<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 Corporation Political Action Committee

A. Ronald Kent Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-219

Amount of Each Receipt this Period 20.00

Memo Item

B. Ronald Kent Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-219

Amount of Each Receipt this Period 20.00

Memo Item

C. Carl Wilt
Full Name (Last, First, Middle Initial)

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance-Hospital Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 01 / 2016
Transaction ID : 20160630161818-223

Amount of Each Receipt this Period 25.00

Memo Item

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 58 OF 60
<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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Carl Wilt		Date of Receipt MM / DD / YYYY 07 / 15 / 2016 Transaction ID : 20160720145247-220
Mailing Address 38465 N Burr Oak Ln		Amount of Each Receipt this Period 25.00
City Wadsworth	State IL	Zip Code 60083-9548
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance-Hospital Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Carl Wilt		Date of Receipt MM / DD / YYYY 07 / 29 / 2016 Transaction ID : 2016080516532-220
Mailing Address 38465 N Burr Oak Ln		Amount of Each Receipt this Period 25.00
City Wadsworth	State IL	Zip Code 60083-9548
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance-Hospital Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Kristie Zinselmeier		Date of Receipt MM / DD / YYYY 07 / 01 / 2016 Transaction ID : 20160630161818-226
Mailing Address 41 Berkshire Ln		Amount of Each Receipt this Period 25.00
City Lincolnshire	State IL	Zip Code 60069-3303
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation VP, National & Strategic Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 59 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Corporation Political Action Committee

A. Kristie Zinselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Berkshire Ln
 City Lincolnshire State IL Zip Code 60069-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, National & Strategic Accts
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 07 / 15 / 2016
Transaction ID : 20160720145247-223
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kristie Zinselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Berkshire Ln
 City Lincolnshire State IL Zip Code 60069-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, National & Strategic Accts
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 07 / 29 / 2016
Transaction ID : 2016080516532-223
 Amount of Each Receipt this Period 25.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	5993.08

**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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : 43D358FF2F4C3C88828

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

1500.00

1500.00