

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Baxter Healthcare Political Action Committee

ADDRESS (number and street) 1501 K Street, NW Suite 375 Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00117838

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 09 / 01 / 2014 through [MM] / [DD] / [YYYY] 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Sarah Creviston [Electronically Filed] Date 10 / 18 / 2014

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="79859.96"/>	<input type="text" value="79859.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83833.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12390.14"/>	<input type="text" value="115113.34"/>
(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="96223.30"/>	<input type="text" value="194973.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56531.73"/>	<input type="text" value="155281.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39691.57"/>	<input type="text" value="39691.57"/>
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

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7942.70	69102.98
(ii) Unitemized	2248.75	43811.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10191.45	112914.65
(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)	10191.45	112914.65
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.).....	2198.69	2198.69
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))..... ▶	12390.14	115113.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12390.14	115113.34

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	31.73	31.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31.73	31.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	129000.00
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	11000.00	26250.00
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)) ..	56531.73	155281.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56531.73	155281.73

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)	10191.45	112914.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10191.45	112914.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31.73	31.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.73	31.73

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

This report discloses an erroneous deposit received from Baxter Healthcare. These erroneous funds were transferred back to the corporation on October 20th. This activity will be disclosed on the PAC's 30-Day Post-General report.

Form/Schedule:
Transaction ID:

**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 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Karen Andrews
Full Name (Last, First, Middle Initial)
Mailing Address 10146 E Morning Star Dr
City Scottsdale State AZ Zip Code 85255-8620
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation BioT Principal TBM Pulmonary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 272.20

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-87
Amount of Each Receipt this Period 13.67

B. Karen Andrews
Full Name (Last, First, Middle Initial)
Mailing Address 10146 E Morning Star Dr
City Scottsdale State AZ Zip Code 85255-8620
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation BioT Principal TBM Pulmonary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 272.20

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-86
Amount of Each Receipt this Period 13.67

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 - Med Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-78
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 127.34
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 8 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael J. Baughman
 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 - Med Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-77
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. William Kevin Beckham
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-63
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. William Kevin Beckham
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-63
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : 20141006163748-195

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
											15.00

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

City Crofton	State MD	Zip Code 21114-1436
-----------------	-------------	------------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : 20141006163815-194

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
											15.00

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 - MP LA Area
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1089.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : 20141006163748-234

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	7	6
											54.76

SUBTOTAL of Receipts This Page (optional).....▶	84.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 - MP LA Area

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1089.74**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-234

Amount of Each Receipt this Period **54.76**

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

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, ePedigree Program

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-90

Amount of Each Receipt this Period **25.00**

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

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, ePedigree Program

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-89

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **104.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 93
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Paulo Bolgar		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20141006163748-257
Name of Employer Baxter Export Corporation		Amount of Each Receipt this Period
Occupation VP, HR-BGR		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Paulo Bolgar		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20141006163815-256
Name of Employer Baxter Export Corporation		Amount of Each Receipt this Period
Occupation VP, HR-BGR		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. Linda K. Boltz		Date of Receipt
Mailing Address 315 Park Dr		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Palatine	State IL	Zip Code 60067-7732
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20141006163748-154
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation Dir, Business HR		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **500.00**

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-153

Amount of Each Receipt this Period
25.00

B. Gregg 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 ▼ **400.00**

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-136

Amount of Each Receipt this Period
20.00

C. Gregg 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 ▼ **400.00**

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-135

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 93
	<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 Political Action Committee

A. Jan M. Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Manitoba Woods Ln
 City State Zip Code
 Spencerport NY 14559-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Marketing
 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
 09 / 12 / 2014
Transaction ID : 20141006163748-215
 Amount of Each Receipt this Period
 20.00

B. Jan M. Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Manitoba Woods Ln
 City State Zip Code
 Spencerport NY 14559-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Marketing
 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
 09 / 26 / 2014
Transaction ID : 20141006163815-214
 Amount of Each Receipt this Period
 20.00

C. Katrina Britton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 Graynold Ave
 City State Zip Code
 Glendale CA 91202-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Mgr, Engineering
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 239.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-249
 Amount of Each Receipt this Period
 12.04

SUBTOTAL of Receipts This Page (optional).....▶	52.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
	<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 Political Action Committee

A. Katrina Britton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 Graynold Ave
 City Glendale State CA Zip Code 91202-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-248
 Amount of Each Receipt this Period
 12.04

B. Susan K. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Geneva St
 City Glendale State CA Zip Code 91207-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - Plasma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1518.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-260
 Amount of Each Receipt this Period
 78.72

C. Susan K. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Geneva St
 City Glendale State CA Zip Code 91207-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - Plasma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1518.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-259
 Amount of Each Receipt this Period
 78.72

SUBTOTAL of Receipts This Page (optional).....▶	169.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Sebastian J. Bufalino		Date of Receipt 09 / 12 / 2014 Transaction ID : 20141006163748-263
Mailing Address 1091 Pine Meadow Ct		Amount of Each Receipt this Period 70.19
City Vernon Hills	State IL	
Zip Code 60061-2572		Aggregate Year-to-Date ▼ 1392.28
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation CVP, Controller	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sebastian J. Bufalino		Date of Receipt 09 / 26 / 2014 Transaction ID : 20141006163815-262
Mailing Address 1091 Pine Meadow Ct		Amount of Each Receipt this Period 70.19
City Vernon Hills	State IL	
Zip Code 60061-2572		Aggregate Year-to-Date ▼ 1392.28
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation CVP, Controller	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dori Capretti		Date of Receipt 09 / 12 / 2014 Transaction ID : 20141006163748-209
Mailing Address 2420 Sidney St		Amount of Each Receipt this Period 50.00
City Pittsburgh	State PA	
Zip Code 15203-2117		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Payor Account Exec, Bio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	190.38
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 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dori Capretti
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Sidney St

City Pittsburgh State PA Zip Code 15203-2117

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

Name of Employer Baxter Healthcare Corporation Occupation Payor Account Exec, Bio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-208

Amount of Each Receipt this Period
50.00

B. Lauren Marie Cassidy
Full Name (Last, First, Middle Initial)

Mailing Address 1721 Dewes St

City Glenview State IL Zip Code 60025-4301

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

Name of Employer Baxter International Inc. Occupation VP, Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-185

Amount of Each Receipt this Period
25.00

C. Lauren Marie Cassidy
Full Name (Last, First, Middle Initial)

Mailing Address 1721 Dewes St

City Glenview State IL Zip Code 60025-4301

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

Name of Employer Baxter International Inc. Occupation VP, Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-184

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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 17 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ronald D. Chase
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Medford Rd

City Pasadena State CA Zip Code 91107-1701

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

Name of Employer Baxter Healthcare Corporation Occupation VP, IT - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 20141006163748-66

Amount of Each Receipt this Period
25.00

B. Ronald D. Chase
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Medford Rd

City Pasadena State CA Zip Code 91107-1701

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

Name of Employer Baxter Healthcare Corporation Occupation VP, IT - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 20141006163815-66

Amount of Each Receipt this Period
25.00

C. Harriet Clemons
Full Name (Last, First, Middle Initial)

Mailing Address 1255 Town Center Rd
Unit 3Q

City Vernon Hills State IL Zip Code 60061-4194

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 ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 20141006163748-204

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **100.00**

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

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

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

FOR LINE NUMBER: PAGE 18 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Harriet Clemons

Mailing Address 1255 Town Center Rd
 Unit 3Q

City State Zip Code
 Vernon Hills IL 60061-4194

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

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-203

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1006 S St NW

City State Zip Code
 Washington DC 20001-5073

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

Name of Employer Occupation
 Baxter Healthcare Corporation Director, Public and Reimburse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 930.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-188

Amount of Each Receipt this Period
 46.85

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

Mailing Address 1006 S St NW

City State Zip Code
 Washington DC 20001-5073

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

Name of Employer Occupation
 Baxter Healthcare Corporation Director, Public and Reimburse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 930.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-187

Amount of Each Receipt this Period
 46.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.70

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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sarah L. Creviston
Full Name (Last, First, Middle Initial)

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010-6950

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2363.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-52

Amount of Each Receipt this Period
 118.95

B. Sarah L. Creviston
Full Name (Last, First, Middle Initial)

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010-6950

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2363.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-52

Amount of Each Receipt this Period
 118.95

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 ▼ 1157.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-262

Amount of Each Receipt this Period
 58.13

SUBTOTAL of Receipts This Page (optional)..... ▶ 296.03

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: PAGE 20 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼
 1157.44

Date of Receipt
 09 / 26 / 2014
Transaction ID : 20141006163815-261

Amount of Each Receipt this Period
 58.13

Full Name (Last, First, Middle Initial)
B. Ronald L. Czaplicki

Mailing Address 17525 W Cottonwood Ct

City Grayslake State IL Zip Code 60030-1998

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : 20141006163748-32

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
c. Ronald L. Czaplicki

Mailing Address 17525 W Cottonwood Ct

City Grayslake State IL Zip Code 60030-1998

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 26 / 2014
Transaction ID : 20141006163815-32

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.13

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

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

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

FOR LINE NUMBER: PAGE 21 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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, Comp, Benefits & HR Ops
 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
 09 / 12 / 2014
Transaction ID : 20141006163748-19
 Amount of Each Receipt this Period
 20.00

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, Comp, Benefits & HR Ops
 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
 09 / 26 / 2014
Transaction ID : 20141006163815-19
 Amount of Each Receipt this Period
 20.00

C. Barry M. Deutsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2330 W Course Dr
 City Riverwoods State IL Zip Code 60015-1768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 971.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-123
 Amount of Each Receipt this Period
 48.81

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.81
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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barry M. Deutsch
Full Name (Last, First, Middle Initial)

Mailing Address 2330 W Course Dr

City Riverwoods State IL Zip Code 60015-1768

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

Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **971.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-122

Amount of Each Receipt this Period
48.81

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

Mailing Address 5213 S Jordan Ln

City Spokane State WA Zip Code 99224-5342

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

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
09 / 12 / 2014
Transaction ID : 20141006163748-28

Amount of Each Receipt this Period
20.00

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

Mailing Address 5213 S Jordan Ln

City Spokane State WA Zip Code 99224-5342

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

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
09 / 26 / 2014
Transaction ID : 20141006163815-28

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **88.81**

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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 RM, MD Portfolio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.12

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-106

Amount of Each Receipt this Period
16.35

B. 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 ▼
500.00

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-31

Amount of Each Receipt this Period
25.00

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 ▼
500.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-31

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.35

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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Alex Blaine Forshage
Full Name (Last, First, Middle Initial)

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sls & Mkt - US BioT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-156

Amount of Each Receipt this Period 50.00

B. Alex Blaine Forshage
Full Name (Last, First, Middle Initial)

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sls & Mkt - US BioT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-155

Amount of Each Receipt this Period 50.00

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

Mailing Address 746 S River Rd

City Naperville State IL Zip Code 60540-6333

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

Name of Employer Baxter Healthcare Corporation Occupation VP, IT - Mfg & Supply Chain

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-120

Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.00

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 25 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 746 S River Rd

City Naperville State IL Zip Code 60540-6333

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

Name of Employer Baxter Healthcare Corporation Occupation VP, IT - Mfg & Supply Chain

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-119

Amount of Each Receipt this Period 120.00

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

Mailing Address 572 Greenway Dr

City Lake Forest State IL Zip Code 60045-4801

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

Name of Employer Baxter World Trade Corporation Occupation VP, HR - Global Functions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-255

Amount of Each Receipt this Period 20.00

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

Mailing Address 572 Greenway Dr

City Lake Forest State IL Zip Code 60045-4801

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

Name of Employer Baxter World Trade Corporation Occupation VP, HR - Global Functions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-254

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.00

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 26 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
Libertyville IL 60048-2490

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1716.54

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-103

Amount of Each Receipt this Period
86.31

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

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
Libertyville IL 60048-2490

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1716.54

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-102

Amount of Each Receipt this Period
86.31

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

Mailing Address 3005 S Forrester St

City State Zip Code
Bloomington IN 47401-4494

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

Name of Employer Occupation
Baxter Healthcare Corporation 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
09 / 12 / 2014
Transaction ID : 20141006163748-233

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.62

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 27 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Cynthia L. Gallien		Date of Receipt 09 / 26 / 2014 Transaction ID : 20141006163815-233
Mailing Address 3005 S Forrester St		Amount of Each Receipt this Period 20.00
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		Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Zhanna Gevorkian		Date of Receipt 09 / 12 / 2014 Transaction ID : 20141006163748-121
Mailing Address 1640 Camulos Ave		Amount of Each Receipt this Period 12.26
City Glendale	State CA	Zip Code 91208-2409
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Mgr II, Finance		Aggregate Year-to-Date 243.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Zhanna Gevorkian		Date of Receipt 09 / 26 / 2014 Transaction ID : 20141006163815-120
Mailing Address 1640 Camulos Ave		Amount of Each Receipt this Period 12.26
City Glendale	State CA	Zip Code 91208-2409
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Mgr II, Finance		Aggregate Year-to-Date 243.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	44.52
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
 1239.28

Date of Receipt
 09 / 12 / 2014
Transaction ID : 20141006163748-98

Amount of Each Receipt this Period
 62.42

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 ▼
 1239.28

Date of Receipt
 09 / 26 / 2014
Transaction ID : 20141006163815-98

Amount of Each Receipt this Period
 62.42

Full Name (Last, First, Middle Initial)
c. Joseph P. Gomes

Mailing Address 648 Cameron Dr

City State Zip Code
 Antioch IL 60002-1185

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

Name of Employer Occupation
 Baxter Healthcare Corporation Assoc Dir, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 09 / 12 / 2014
Transaction ID : 20141006163748-183

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 648 Cameron Dr

City Antioch State IL Zip Code 60002-1185

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc Dir, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-182

Amount of Each Receipt this Period
300.00

B. Tara L. Greene
Full Name (Last, First, Middle Initial)

Mailing Address 730 Windermere Xing E

City Madisonville State LA Zip Code 70447-3150

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-169

Amount of Each Receipt this Period
15.00

C. Tara L. Greene
Full Name (Last, First, Middle Initial)

Mailing Address 730 Windermere Xing E

City Madisonville State LA Zip Code 70447-3150

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-168

Amount of Each Receipt this Period
15.00

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 30 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William J. Gresham
Full Name (Last, First, Middle Initial)

Mailing Address 909 Clinton Pl

City River Forest State IL Zip Code 60305-1503

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

Name of Employer Baxter International Inc. Occupation Dir, Ethics & Compliance/EHS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-57

Amount of Each Receipt this Period
 25.00

B. William J. Gresham
Full Name (Last, First, Middle Initial)

Mailing Address 909 Clinton Pl

City River Forest State IL Zip Code 60305-1503

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

Name of Employer Baxter International Inc. Occupation Dir, Ethics & Compliance/EHS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-57

Amount of Each Receipt this Period
 25.00

C. Loyd Kenneth Harper
Full Name (Last, First, Middle Initial)

Mailing Address 1860 Fairport Dr

City Grayslake State IL Zip Code 60030-7947

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

Name of Employer Baxter Occupation Dir, Payer & Channel Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-258

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Loyd Kenneth Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Fairport Dr
 City Grayslake State IL Zip Code 60030-7947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Occupation Dir, Payer & Channel Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-257
 Amount of Each Receipt this Period 50.00

B. Aaron J. Hebbeln
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 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 Group Mgr, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-221
 Amount of Each Receipt this Period 30.00

C. Aaron J. Hebbeln
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 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 Group Mgr, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-220
 Amount of Each Receipt this Period 30.00

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 32 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **1190.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-127

Amount of Each Receipt this Period
60.14

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 ▼ **1190.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-126

Amount of Each Receipt this Period
60.14

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

Mailing Address 126 Homewood Ave

City Libertyville State IL Zip Code 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-200

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **170.28**

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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 126 Homewood Ave

City Libertyville State IL Zip Code 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-199

Amount of Each Receipt this Period
 50.00

B. Kim Isenberg
Full Name (Last, First, Middle Initial)

Mailing Address 5028 Belmont Ave S

City Minneapolis State MN Zip Code 55419-1312

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Manager, Reimb and Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-210

Amount of Each Receipt this Period
 35.00

C. Kim Isenberg
Full Name (Last, First, Middle Initial)

Mailing Address 5028 Belmont Ave S

City Minneapolis State MN Zip Code 55419-1312

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Manager, Reimb and Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-209

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2208 Wesley Ave

City Evanston State IL Zip Code 60201-2648

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

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1848.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-29

Amount of Each Receipt this Period
92.85

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

Mailing Address 2208 Wesley Ave

City Evanston State IL Zip Code 60201-2648

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

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1848.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-29

Amount of Each Receipt this Period
92.85

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

Mailing Address 130 W Lincoln Ave

City Libertyville State IL Zip Code 60048-2721

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **866.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-54

Amount of Each Receipt this Period
43.56

SUBTOTAL of Receipts This Page (optional)..... ▶ **229.26**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 93
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City State Zip Code
Libertyville IL 60048-2721

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

Name of Employer Occupation
Baxter Healthcare Corporation Sr Dir, Strategy & Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
866.82

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-54

Amount of Each Receipt this Period
43.56

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

Mailing Address 2322 Central Park Ave

City State Zip Code
Evanston IL 60201-1810

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, BD - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-74

Amount of Each Receipt this Period
20.00

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

Mailing Address 2322 Central Park Ave

City State Zip Code
Evanston IL 60201-1810

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, BD - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-74

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.56

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

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

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

FOR LINE NUMBER: PAGE 36 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 World Trade Corporation VP, Renal Mfg - Med Products

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-67

Amount of Each Receipt this Period
 25.00

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

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 World Trade Corporation VP, Renal Mfg - Med Products

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-67

Amount of Each Receipt this Period
 25.00

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

Mailing Address 1520 Greystone Dr

City State Zip Code
 Gurnee IL 60031-9128

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

Name of Employer Occupation
 Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-151

Amount of Each Receipt this Period
 25.00

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 37 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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. **C**

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-150

Amount of Each Receipt this Period 25.00

B. Julie S. Kim
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 Healthcare Corporation Occupation GM, UK & Ireland

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1278.89

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-56

Amount of Each Receipt this Period 67.31

C. Julie S. Kim
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 Healthcare Corporation Occupation GM, UK & Ireland

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1278.89

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-56

Amount of Each Receipt this Period 67.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 159.62

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 38 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sherryl L. King
Full Name (Last, First, Middle Initial)

Mailing Address 1240 S Walnut Ave

City State Zip Code
Arlington Heights IL 60005-3056

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Bus Analytics - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-109

Amount of Each Receipt this Period
50.00

B. Sherryl L. King
Full Name (Last, First, Middle Initial)

Mailing Address 1240 S Walnut Ave

City State Zip Code
Arlington Heights IL 60005-3056

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Bus Analytics - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-108

Amount of Each Receipt this Period
50.00

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

Mailing Address 2308 Isabella St

City State Zip Code
Evanston IL 60201-1405

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

Name of Employer Occupation
Baxter International Inc. Senior Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-146

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Helena M. Klumpp		Date of Receipt 09 / 26 / 2014 Transaction ID : 20141006163815-145
Mailing Address 2308 Isabella St		Amount of Each Receipt this Period 20.00
City Evanston	State IL	Zip Code 60201-1405
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation Senior Tax 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. Thomas K. Kroeger		Date of Receipt 09 / 12 / 2014 Transaction ID : 20141006163748-82
Mailing Address 12538 Landeck Rd		Amount of Each Receipt this Period 10.86
City Delphos	State OH	Zip Code 45833-9600
FEC ID number of contributing federal political committee. C	Name of Employer BioLife Plasma L.L.C.	Occupation Division Quality Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.64	

Full Name (Last, First, Middle Initial) C. Thomas K. Kroeger		Date of Receipt 09 / 26 / 2014 Transaction ID : 20141006163815-81
Mailing Address 12538 Landeck Rd		Amount of Each Receipt this Period 10.86
City Delphos	State OH	Zip Code 45833-9600
FEC ID number of contributing federal political committee. C	Name of Employer BioLife Plasma L.L.C.	Occupation Division Quality Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.64	

SUBTOTAL of Receipts This Page (optional).....▶	41.72
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2261 Zach Scott St

City State Zip Code
 Austin TX 78723-5463

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 568.44

Date of Receipt
 09 / 12 / 2014
Transaction ID : 20141006163748-92

Amount of Each Receipt this Period
 28.56

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

Mailing Address 2261 Zach Scott St

City State Zip Code
 Austin TX 78723-5463

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 568.44

Date of Receipt
 09 / 26 / 2014
Transaction ID : 20141006163815-91

Amount of Each Receipt this Period
 28.56

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

Mailing Address 1175 Museum Blvd
 Unit 210

City State Zip Code
 Vernon Hills IL 60061-3156

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1558.48

Date of Receipt
 09 / 12 / 2014
Transaction ID : 20141006163748-48

Amount of Each Receipt this Period
 78.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.62

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 41 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1558.48

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-48

Amount of Each Receipt this Period
78.50

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

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 Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.16

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-4

Amount of Each Receipt this Period
13.59

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

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 Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.16

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-4

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional).....▶ 108.44

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 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jacopo Leonardi
Full Name (Last, First, Middle Initial)
Mailing Address 319 Vincent Ct
City Lake Bluff State IL Zip Code 60044-2758
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation GM, US Hemophilia
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-148
Amount of Each Receipt this Period 25.00

B. Jacopo Leonardi
Full Name (Last, First, Middle Initial)
Mailing Address 319 Vincent Ct
City Lake Bluff State IL Zip Code 60044-2758
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation GM, US Hemophilia
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-147
Amount of Each Receipt this Period 25.00

C. 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 Dir, Govt Affs & Alliance Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-178
Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
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 43 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kelli Lester
 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 Dir, Govt Affs & Alliance Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-177
 Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
B. Josephine M. Li-McLeod
 Mailing Address 758 Cranmont Ct
 City Simi Valley State CA Zip Code 93065-7075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director, MORE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-68
 Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Josephine M. Li-McLeod
 Mailing Address 758 Cranmont Ct
 City Simi Valley State CA Zip Code 93065-7075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director, MORE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-68
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **95.00**
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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John W. Lifer
Full Name (Last, First, Middle Initial)

Mailing Address 5601 E Country Rdg

City Fayetteville State AR Zip Code 72701-7455

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

Name of Employer BioLife Plasma L.L.C. Occupation Plasma Center Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-168

Amount of Each Receipt this Period 25.00

B. John W. Lifer
Full Name (Last, First, Middle Initial)

Mailing Address 5601 E Country Rdg

City Fayetteville State AR Zip Code 72701-7455

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

Name of Employer BioLife Plasma L.L.C. Occupation Plasma Center Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-167

Amount of Each Receipt this Period 25.00

C. Ronald K. Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address 2 W Delaware Pl Unit 2603

City Chicago State IL Zip Code 60610-3416

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-73

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ronald K. Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address 2 W Delaware Pl
Unit 2603

City Chicago State IL Zip Code 60610-3416

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-73

Amount of Each Receipt this Period 50.00

B. 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 Med Delivery

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-171

Amount of Each Receipt this Period 20.00

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 Med Delivery

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-170

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748-1718

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

Name of Employer Baxter Healthcare Corporation Occupation Hemophilia TBM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-158

Amount of Each Receipt this Period
15.00

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

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748-1718

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

Name of Employer Baxter Healthcare Corporation Occupation Hemophilia TBM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-157

Amount of Each Receipt this Period
15.00

C. 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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-163

Amount of Each Receipt this Period
35.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **700.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-162

Amount of Each Receipt this Period **35.00**

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

Mailing Address 10680 Red Leaf Cir

City Village Of Lakewoo State IL Zip Code 60014-4852

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **444.56**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-21

Amount of Each Receipt this Period **22.39**

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

Mailing Address 10680 Red Leaf Cir

City Village Of Lakewoo State IL Zip Code 60014-4852

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **444.56**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-21

Amount of Each Receipt this Period **22.39**

SUBTOTAL of Receipts This Page (optional)..... **79.78**

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

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

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

FOR LINE NUMBER: PAGE 48 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jeanne K. Mason
 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 ▼ 4036.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-100
 Amount of Each Receipt this Period
 202.69

Full Name (Last, First, Middle Initial)
B. Jeanne K. Mason
 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 ▼ 4036.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-100
 Amount of Each Receipt this Period
 202.69

Full Name (Last, First, Middle Initial)
c. John A. McCoy
 Mailing Address 122 Surrey Ln
 City Lake Forest State IL Zip Code 60045-3472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation VP, Corporate Audit
 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
 09 / 12 / 2014
Transaction ID : 20141006163748-124
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.38
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 49 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John A. McCoy
 Mailing Address 122 Surrey Ln
 City State Zip Code
 Lake Forest IL 60045-3472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter International Inc. VP, Corporate Audit
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-123
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. John K. McVey
 Mailing Address 6320 Longwood Rd
 City State Zip Code
 Libertyville IL 60048-9447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BioLife Plasma L.L.C. Sr Dir, Reg Affairs & Quality
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-16
 Amount of Each Receipt this Period
 27.00

Full Name (Last, First, Middle Initial)
c. John K. McVey
 Mailing Address 6320 Longwood Rd
 City State Zip Code
 Libertyville IL 60048-9447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BioLife Plasma L.L.C. Sr Dir, Reg Affairs & Quality
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-16
 Amount of Each Receipt this Period
 27.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.00
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 51 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Chris C. Miskel
 Mailing Address 1950 Lake Charles Dr
 City State Zip Code
 Vernon Hills IL 60061-4578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Nat Accts - US BioScience
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1056.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-239
 Amount of Each Receipt this Period
 53.22

Full Name (Last, First, Middle Initial)
B. Mark R. Nail
 Mailing Address 4 Lost Meadow Cv
 City State Zip Code
 The Hills TX 78738-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Renal Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-106
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Mark R. Nail
 Mailing Address 4 Lost Meadow Cv
 City State Zip Code
 The Hills TX 78738-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Renal Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-105
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.22
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 52 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City State Zip Code
Wheaton IL 60189-1513

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-173

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City State Zip Code
Wheaton IL 60189-1513

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-172

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. Christina Noland

Mailing Address 6816 W Palatine Ave

City State Zip Code
Chicago IL 60631-2111

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

Name of Employer Occupation
Baxter International Inc. Dir, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-247

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 791 Summit Ave

City Lake Forest State IL Zip Code 60045-1830

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-9

Amount of Each Receipt this Period
45.00

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

Mailing Address 791 Summit Ave

City Lake Forest State IL Zip Code 60045-1830

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-9

Amount of Each Receipt this Period
45.00

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

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622-1123

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

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
 09 / 12 / 2014
Transaction ID : 20141006163748-265

Amount of Each Receipt this Period
20.00

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 54 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Stasia L. Ogden
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 W Cortland St
 City Chicago State IL Zip Code 60622-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP
 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
 09 / 26 / 2014
Transaction ID : 20141006163815-264
 Amount of Each Receipt this Period
 20.00

B. Robert L. Parkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Edgewood Ln
 City Northbrook State IL Zip Code 60062-4716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Chairman, President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-81
 Amount of Each Receipt this Period
 0.00

C. Robert L. Parkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Edgewood Ln
 City Northbrook State IL Zip Code 60062-4716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Chairman, President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-80
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 20.00
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 55 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 300.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-113

Amount of Each Receipt this Period 15.00

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 ▼ 300.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-112

Amount of Each Receipt this Period 15.00

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

Mailing Address 9078 Brook Ford Rd

City Burke State VA Zip Code 22015-3617

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Affairs & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-159

Amount of Each Receipt this Period 30.00

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 56 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9078 Brook Ford Rd

City State Zip Code
Burke VA 22015-3617

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Fed Affairs & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-158

Amount of Each Receipt this Period
300.00

B. Linda J. Peters
Full Name (Last, First, Middle Initial)

Mailing Address 14866 Sanctuary Ln

City State Zip Code
Libertyville IL 60048-9611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-189

Amount of Each Receipt this Period
100.00

C. Linda J. Peters
Full Name (Last, First, Middle Initial)

Mailing Address 14866 Sanctuary Ln

City State Zip Code
Libertyville IL 60048-9611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-188

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00

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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3933 Kenway Ave

City Los Angeles State CA Zip Code 90008-4805

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 ▼ 1442.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-61

Amount of Each Receipt this Period
 72.12

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

Mailing Address 3933 Kenway Ave

City Los Angeles State CA Zip Code 90008-4805

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 ▼ 1442.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-61

Amount of Each Receipt this Period
 72.12

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

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
 09 / 12 / 2014
Transaction ID : 20141006163748-186

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 164.24

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 58 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph A. Pudlo
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 Trestle Ct
 City Grayslake State IL Zip Code 60030-2766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Sales
 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
 09 / 26 / 2014
Transaction ID : 20141006163815-185
 Amount of Each Receipt this Period
 20.00

B. Julie A. Quick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3223 Epstein Cir
 City Mundelein State IL Zip Code 60060-6049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Sr Mgr, Reg Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-153
 Amount of Each Receipt this Period
 24.38

c. Julie A. Quick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3223 Epstein Cir
 City Mundelein State IL Zip Code 60060-6049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Sr Mgr, Reg Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-152
 Amount of Each Receipt this Period
 24.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.76
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Janet L. Raciti
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Wimbledon Ct
 City Lincolnshire State IL Zip Code 60069-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-70
 Amount of Each Receipt this Period
 40.00

B. Janet L. Raciti
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Wimbledon Ct
 City Lincolnshire State IL Zip Code 60069-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-70
 Amount of Each Receipt this Period
 40.00

C. Jeffrey G. Reading
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 Pawnee Xing
 City Edmond State OK Zip Code 73034-6873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations
 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
 09 / 12 / 2014
Transaction ID : 20141006163748-53
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
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 60 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jeffrey G. Reading

Mailing Address 2421 Pawnee Xing

City Edmond State OK Zip Code 73034-6873

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

Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations

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
09 / 26 / 2014

Transaction ID : 20141006163815-53

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 20141006163748-248

Amount of Each Receipt this Period
25.00

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 20141006163815-247

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 27928 Periwinkle Ln

City Valencia State CA Zip Code 91354-1843

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **735.08**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-83

Amount of Each Receipt this Period **36.94**

B. Joseph Russo
Full Name (Last, First, Middle Initial)

Mailing Address 27928 Periwinkle Ln

City Valencia State CA Zip Code 91354-1843

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **735.08**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-82

Amount of Each Receipt this Period **36.94**

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

Mailing Address 1419 W Berteau Ave

City Chicago State IL Zip Code 60613-1914

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2172.40**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-241

Amount of Each Receipt this Period **108.62**

SUBTOTAL of Receipts This Page (optional)..... **182.50**

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

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

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

FOR LINE NUMBER: PAGE 62 OF 93
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1419 W Berteau Ave

City Chicago State IL Zip Code 60613-1914

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2172.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-241

Amount of Each Receipt this Period
108.62

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

Mailing Address 18522 Roslin Ave

City Torrance State CA Zip Code 90504-4624

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-102

Amount of Each Receipt this Period
21.61

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

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 Mktg, Hospital Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-161

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.23

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

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

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

FOR LINE NUMBER: PAGE 63 OF 93
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Baxter Healthcare Political Action Committee

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

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 Mktg, Hospital Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-160

Amount of Each Receipt this Period **25.00**

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

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 ▼ **2501.60**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-264

Amount of Each Receipt this Period **125.58**

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

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 ▼ **2501.60**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-263

Amount of Each Receipt this Period **125.58**

SUBTOTAL of Receipts This Page (optional)..... ▶ **276.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 Supv II, Manufacturing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **286.56**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-115

Amount of Each Receipt this Period **14.62**

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 Supv II, Manufacturing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **286.56**

Date of Receipt **09 / 26 / 2014**

Transaction ID : 20141006163815-114

Amount of Each Receipt this Period **14.62**

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 ▼ **528.70**

Date of Receipt **09 / 12 / 2014**

Transaction ID : 20141006163748-118

Amount of Each Receipt this Period **26.63**

SUBTOTAL of Receipts This Page (optional)..... **55.87**

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 65 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lori E. Sims
 Mailing Address 66 Cooper Dr
 City State Zip Code
 Glastonbury CT 06033-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Mgr II, State Govt Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 528.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-117
 Amount of Each Receipt this Period
 26.63

Full Name (Last, First, Middle Initial)
B. Catherine Ann Skala
 Mailing Address 1014 Oakwood Ave
 City State Zip Code
 Wilmette IL 60091-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Integration
 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
 09 / 12 / 2014
Transaction ID : 20141006163748-182
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Catherine Ann Skala
 Mailing Address 1014 Oakwood Ave
 City State Zip Code
 Wilmette IL 60091-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Integration
 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
 09 / 26 / 2014
Transaction ID : 20141006163815-181
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.63
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 66 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 400.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-42
Amount of Each Receipt this Period 20.00

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 ▼ 400.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-42
Amount of Each Receipt this Period 20.00

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 ▼ 359.10

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-37
Amount of Each Receipt this Period 18.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.27
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 67 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **359.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-37

Amount of Each Receipt this Period
18.27

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

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 Mgr II, State Govt Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **227.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-79

Amount of Each Receipt this Period
11.41

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

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 Mgr II, State Govt Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **227.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-78

Amount of Each Receipt this Period
11.41

SUBTOTAL of Receipts This Page (optional)..... ▶ **41.09**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Erik A. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 25 Doral Dr

City Hawthorn Woods State IL Zip Code 60047-8432

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Comm Effectiveness

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-140

Amount of Each Receipt this Period 12.50

B. Erik A. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 25 Doral Dr

City Hawthorn Woods State IL Zip Code 60047-8432

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Comm Effectiveness

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-139

Amount of Each Receipt this Period 12.50

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

Mailing Address 1170 Rivers Reach Dr

City Charleston State SC Zip Code 29492-7819

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.30

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-193

Amount of Each Receipt this Period 12.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 37.54

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: PAGE 69 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1170 Rivers Reach Dr

City Charleston State SC Zip Code 29492-7819

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-192

Amount of Each Receipt this Period
12.54

Full Name (Last, First, Middle Initial)
B. Heidi M. Valle

Mailing Address 300 Cole Ct

City Mankato State MN Zip Code 56001-6428

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

Name of Employer BioLife Plasma L.L.C. Occupation Plasma Center Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 20141006163748-110

Amount of Each Receipt this Period
16.35

Full Name (Last, First, Middle Initial)
C. Heidi M. Valle

Mailing Address 300 Cole Ct

City Mankato State MN Zip Code 56001-6428

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

Name of Employer BioLife Plasma L.L.C. Occupation Plasma Center Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **297.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 20141006163815-109

Amount of Each Receipt this Period
16.35

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.24**

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 70 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Onelia Ann Vera		Date of Receipt
Mailing Address 619 Oleander Dr		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Hallandale Beach FL 33009-6531		Transaction ID : 20141006163748-147
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="117.28"/>
Name of Employer Baxter Healthcare Corporation	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2334.50"/>	

Full Name (Last, First, Middle Initial) B. Onelia Ann Vera		Date of Receipt
Mailing Address 619 Oleander Dr		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Hallandale Beach FL 33009-6531		Transaction ID : 20141006163815-146
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="117.28"/>
Name of Employer Baxter Healthcare Corporation	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2334.50"/>	

Full Name (Last, First, Middle Initial) C. Trudy G. Vlahos		Date of Receipt
Mailing Address 730 Lakewood Ln		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Marquette MI 49855-9518		Transaction ID : 20141006163748-49
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer BioLife Plasma L.L.C.	Occupation Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="259.56"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Trudy G. Vlahos
Full Name (Last, First, Middle Initial)

Mailing Address 730 Lakewood Ln

City Marquette State MI Zip Code 49855-9518

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-49

Amount of Each Receipt this Period 25.00

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

Mailing Address 2343 Beckett Dr

City El Dorado Hills State CA Zip Code 95762-5213

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 ▼ 400.00

Date of Receipt 09 / 12 / 2014
Transaction ID : 20141006163748-175

Amount of Each Receipt this Period 20.00

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

Mailing Address 2343 Beckett Dr

City El Dorado Hills State CA Zip Code 95762-5213

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 ▼ 400.00

Date of Receipt 09 / 26 / 2014
Transaction ID : 20141006163815-174

Amount of Each Receipt this Period 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-18

Amount of Each Receipt this Period
20.00

B. 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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-18

Amount of Each Receipt this Period
20.00

C. John Alan Weiler
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 World Trade Corporation Occupation Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-246

Amount of Each Receipt this Period
20.00

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 73 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Alan Weiler
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 World Trade Corporation Occupation Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-246

Amount of Each Receipt this Period
20.00

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 Renal Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-254

Amount of Each Receipt this Period
20.00

C. 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 Renal Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-253

Amount of Each Receipt this Period
20.00

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 74 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 - US MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-5

Amount of Each Receipt this Period
 25.00

B. 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 - US MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-5

Amount of Each Receipt this Period
 25.00

C. Erica A. Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 555 W Kinzie St Apt 3904

City Chicago State IL Zip Code 60654-5868

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Mkt Strategy & Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-198

Amount of Each Receipt this Period
 25.00

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 75 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Erica A. Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 555 W Kinzie St
Apt 3904

City Chicago State IL Zip Code 60654-5868

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Mkt Strategy & Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-197

Amount of Each Receipt this Period
25.00

B. Subramaniam Yogendran
Full Name (Last, First, Middle Initial)

Mailing Address 1 Baxter Pkwy
Df 4-2E

City Deerfield State IL Zip Code 60015-4625

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1149.56

Date of Receipt
09 / 12 / 2014
Transaction ID : 20141006163748-129

Amount of Each Receipt this Period
57.97

C. Subramaniam Yogendran
Full Name (Last, First, Middle Initial)

Mailing Address 1 Baxter Pkwy
Df 4-2E

City Deerfield State IL Zip Code 60015-4625

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1149.56

Date of Receipt
09 / 26 / 2014
Transaction ID : 20141006163815-128

Amount of Each Receipt this Period
57.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.94

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 76 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd S. Young
Full Name (Last, First, Middle Initial)

Mailing Address 436 Linden St

City Winnetka State IL Zip Code 60093-2514

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-251

Amount of Each Receipt this Period
 25.00

B. Todd S. Young
Full Name (Last, First, Middle Initial)

Mailing Address 436 Linden St

City Winnetka State IL Zip Code 60093-2514

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 20141006163815-250

Amount of Each Receipt this Period
 25.00

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 20141006163748-6

Amount of Each Receipt this Period
 25.00

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:	PAGE 77 OF 93
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Kristie Zinselmeier

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 ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : 20141006163815-6

Amount of Each Receipt this Period
25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	7942.70

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

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

FOR LINE NUMBER: PAGE 78 OF 93
(check only one)

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

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

A. Baxter Healthcare
Full Name (Last, First, Middle Initial)
Mailing Address 1501 K Street, NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2198.54

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 03 / 2014
Transaction ID : B86B503F315A492280AF
Amount of Each Receipt this Period
2198.54
Erroneous deposit received.

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	2198.54
TOTAL This Period (last page this line number only).....▶	2198.54

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andre Carson for Congress

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Andre D. Carson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 5FF4D1FCD01F72E8C4C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Daniel J. Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 19F7CED72D77B41D6AD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Boozman for Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

John Nichols Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 21C1C6B60B7664D1E04

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Butterfield for Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement
2014 General

011

Candidate Name

G. K. Butterfield

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 48A10C042A70C22E061

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Cochran

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement
2014 General

011

Candidate Name

William Thad Cochran

Category/
Type

Office Sought: House
 Senate
 President
State: MS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : D212E327235C9FBDB35

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
2014 General

011

Candidate Name

David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 3BE91E9D9B17C5885FA

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Feinstein for Senate

Mailing Address 600 Pennsylvania Ave SE
Ste 210

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

Candidate Name
Dianne Feinstein

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 65A914E3C174B79964D

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
2014 General

Candidate Name
Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2014

Transaction ID : E966ED3507388DCA1CD

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
2014 General

Candidate Name
Todd Christopher Young

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2014

Transaction ID : BCF1162DCE5C0930696

Amount of Each Disbursement this Period
1000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hagan for US Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Kay R. Hagan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 2D3111502FEE3126E7D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : F7E7F97C733DB2B3CF7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

John R. Lewis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 25CEDB4BCB01D297D03

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : 3385BA747579D606490

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

David B. McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 7763A18F13E8F64883F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

New Democrat Coalition PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : BB8BE48352CC0979422

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. People for Ben

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement
2014 General

011

Candidate Name

Ben Ray Lujan

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 00608121A74B53449D5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Robin Kelly for Congress

Mailing Address PO Box 6953

City State Zip Code
Chicago IL 60680

Purpose of Disbursement
2014 General

011

Candidate Name

Robin L. Kelly

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : 8580BF5E823B7EC9FE5

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2014 General

011

Candidate Name

Peter J. Roskam

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : C7E94EDBF55A0EC1537

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547-1488

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name
Paul Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : B6BB414BB5CA4055019

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Schiff for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name
Adam B. Schiff

Office Sought: House
 Senate
 President
State: CA District: 28

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 81F43430B5D97DCF954

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Schneider for Congress

Mailing Address PO Box 1318

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name
Bradley Scott Schneider

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : CDD0D9D16C7C4DFB5BA

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Fredrick Stephen Upton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2014

Transaction ID : C81A8A34851A4B99C80

Amount of Each Disbursement this Period

2500.00

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2500.00

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

45500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. APODACA FOR NC SENATE COMMITTEE

Mailing Address 1504 Fifth Avenue

City West Hendersonville State NC Zip Code 28739

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : DDF0694B229BD5646A0

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CAMPAIGN TO ELECT MIKE HAGER

Mailing Address 342 Walking Horse Trail

City Rutherfordton State NC Zip Code 28139

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : E4EED66B214C6299269

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Anne Gonzales

Mailing Address 865 MACON ALLEY

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 1727A484B682FB0F440

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR DAN BLUE

Mailing Address PO Box 287

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 9DB69928A65CE6E7868

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT RICK GLAZIER

Mailing Address 2642 Old Colony Place
Cumberlan

City Fayetteville State NC Zip Code 28303

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 5B0BF7A71054A7CC707

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DOLLAR FOR HOUSE

Mailing Address P.O. Box 1352

City Cary State NC Zip Code 27512

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6B6B05001C36B452FB7

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. EDGAR V STARNES CAMPAIGN

Mailing Address 6715 Lakeview Terrace

City State Zip Code
Hickory NC 28601

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : 42EAC96A67E14815BC9

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF RYAN SMITH

Mailing Address 63 CEDAR STREET

City State Zip Code
GALLIPOLIS OH 45631

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : 9C0C4CAE2102B342885

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF TIM MOORE

Mailing Address 305 E. King Street

City State Zip Code
Kings Mountain NC 28086

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : C4900A60FF6CEF3A69B

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HALL FOR HOUSE DIST 29

Mailing Address P.O. Box 25308

City Durham State NC Zip Code 27702

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : 0FA95A6FB57EB6F48D2

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HARRY BROWN FOR NC SENATE

Mailing Address PO Box 520

City Jacksonville State NC Zip Code 28540

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : ABA6A347997E65D2D75

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. HARTSELL STATE SENATOR COMMITTEE

Mailing Address PO Box 1709

City Concord State NC Zip Code 28026

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : 54458344BCED78E27E3

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JERRY W TILLMAN FOR NC SENATE

Mailing Address 1207 Dogwood Lane

City Archdale State NC Zip Code 27263

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : BDF6B67B66D0C33E88E

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOSH DOBSON FOR NC HOUSE COMMITTEE

Mailing Address 649 South Creek Road

City Nebo State NC Zip Code 28761

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : C7E9A55AAEDB402A954

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LOUIS PATE ELECTION COMMITTEE

Mailing Address 102 MEREDITH STREET

City MOUNT OLIVE State NC Zip Code 28365

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 7637918307AC049D3C9

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. OELSLAGER FOR OHIO COMMITTEE

Mailing Address 6706 LAKE CABLE AVENUE NW

City Canton State OH Zip Code 44720

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 326072E3611611A7A04

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Philip E Berger Committee

Mailing Address PO Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 82D0CBE2F60072CC01A

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ralph Hise for NC Senate

Mailing Address PO Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 6FA27DB40977966F63A

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SPRAGUE FOR STATE REPRESENTATIVE

Mailing Address 220 WEST SANDUSKY STREET

City Findlay State OH Zip Code 45840

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : 4D9800521F1BAE54C46

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. STAM FOR HOUSE

Mailing Address PO Box 1600

City Apex State NC Zip Code 27502

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 0AA92998E0B94987668

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Team Burke

Mailing Address 275 W 4th St.

City Marysville State OH Zip Code 43040

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : B29E58288816E29B8C2

Amount of Each Disbursement this Period

500.00

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

1500.00

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

11000.00