

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 02 2010 in the State of 0
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 10 18 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 41228.05 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 59769.89 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 6007.21 | 125799.05 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 65777.10 | 167027.10 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 1000.00 | 102250.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 64777.10 | 64777.10 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From: 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) | 5182.23 | 90183.55 |
| (ii) Unitemized | 824.98 | 35615.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 6007.21 | 125799.05 |
| (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) | 6007.21 | 125799.05 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 6007.21 | 125799.05 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 6007.21 | 125799.05 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1000.00 | 98500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 3750.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 1000.00 | 102250.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1000.00 | 102250.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 6007.21 | 125799.05 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6007.21 | 125799.05 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Joy A. Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code
Lake Forest IL 60045

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

Name of Employer: Baxter Healthcare Corporation
Occupation: CVP, President - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4584.64

Date of Receipt: 10 / 01 / 2010
Transaction ID: 20101013125855-54
Amount of Each Receipt this Period: 230.77

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

Mailing Address 1059 Warrington Road

City State Zip Code
Deerfield IL 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: 20101013125855-58
Amount of Each Receipt this Period: 100.00

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

Mailing Address 162 Cardinal Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: 20101013125855-103
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 355.77

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 45
(check only one)

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

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

A.

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

Mailing Address 286 Whitworth

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP II, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1395.80

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-164

Amount of Each Receipt this Period
69.79

B.

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

Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

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

Name of Employer
Baxter International Inc.

Occupation
CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-170

Amount of Each Receipt this Period
100.00

C.

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

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

City State Zip Code
Ft Lauderdale FL 33301

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

Name of Employer
Baxter Export Corporation

Occupation
VP, Mfg Latin America

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
896.88

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-193

Amount of Each Receipt this Period
45.24

SUBTOTAL of Receipts This Page (optional) ► **215.03**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) Paulo Bolgar | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address Suite 1600 101 Northeast 3rd Avenue Ste 1600 | Transaction ID: 20101013125855-192 |
| | City State Zip Code Ft Lauderdale FL 33301 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Export Corporation VP, HR - Latin America | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) David L. Bonderud | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 22294 W. Brookside Way | Transaction ID: 20101013125855-24 |
| | City State Zip Code Lake Barrington IL 60010 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation President, US Med Delivery | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Kristina (Tina) R. Borucki | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 8409 Shady Lane | Transaction ID: 20101013125855-45 |
| | City State Zip Code Wonder Lake IL 60097 | Amount of Each Receipt this Period 20.04 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation Business Operations Analyst | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 397.98 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 65.04 |
| 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 10 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) William P. Botha | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 2225 Robinson Street | | Transaction ID: 20101013125855-52 | | |
| | City Redondo Beach | State CA | Zip Code 90278 | Amount of Each Receipt this Period 75.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | Occupation Plant Manager I | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | | | |

| | | | | | |
|---|---|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) John J. Bratsakis | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 2405 Trailside Lane | | Transaction ID: 20101013125855-91 | | |
| | City Wauconda | State IL | Zip Code 60084 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | Occupation BCU Sr VP, Business Devlp | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Katrina Britton | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 1250 Graynold Ave. | | Transaction ID: 20101013125855-139 | | |
| | City Glendale | State CA | Zip Code 91202 | Amount of Each Receipt this Period 10.33 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | Occupation Mgr, Engineering | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 205.22 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 110.33 |
| 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 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Susan K. Brown | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 917 Geneva St | Transaction ID: 20101013125855-18 |
| | City State Zip Code Glendale CA 91207 | Amount of Each Receipt this Period 62.77 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation VP, Manufacturing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1227.56 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Sebastian J. Bufalino | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 1091 Pine Meadow Ct | Transaction ID: 20101013125855-184 |
| | City State Zip Code Vernon Hills IL 60061 | Amount of Each Receipt this Period 53.10 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter International Inc. | Occupation VP, Corporate Audit | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1055.16 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Donna Campagna | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 30922 St Andrews Drive | Transaction ID: 20101013125855-40 |
| | City State Zip Code Libertyville IL 60048 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation VP, Information Technology | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 155.87 |
| 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 12 / 45
(check only one)

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

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

A.

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

Mailing Address 5313 Abbey Drive

City State Zip Code
McHenry IL 60050

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

Name of Employer Baxter Healthcare Corporation
Occupation Sr Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-12

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Anthony Ciganek

Mailing Address 233 Heath Ct

City State Zip Code
Barrington IL 60010

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

Name of Employer Baxter Healthcare Corporation
Occupation Sr Director, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-4

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 109 Juniper Way

City State Zip Code
Lake Villa IL 60046

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

Name of Employer Baxter Healthcare Corporation
Occupation VP, MD Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-9

Amount of Each Receipt this Period
15.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Sarah L. Creviston | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 23 Wynstone Way | Transaction ID: 20101013125855-152 |
| | City State Zip Code North Barrington IL 60010 | Amount of Each Receipt this Period 106.31 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation VP, Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2107.60 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Margarita Cruz-casse | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address Calle Guama #70 Mansiones Los Cedr | Transaction ID: 20101013125855-205 |
| | City State Zip Code Cayey PR 00736 | Amount of Each Receipt this Period 51.24 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Dir, Logistics | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1017.84 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Salvatore S. Dadouche | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 868 Interlaken Dr | Transaction ID: 20101013125855-25 |
| | City State Zip Code Lake Zurich IL 60047 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation VP, Comp, Benefits & HR Ops | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 177.55 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 14 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Andrea Williamson Darsey
Mailing Address 147 Gerbera Street
City Danville State CA Zip Code 94506
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Plant Manager I
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 626.00
Date of Receipt 10 / 01 / 2010
Transaction ID: 20101013125855-106
Amount of Each Receipt this Period 31.63

B. Full Name (Last, First, Middle Initial)
Robert M. Davis
Mailing Address 21515 Hummingbird Court
City Kildeer State IL Zip Code 60047
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter International Inc. Occupation CVP, Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3438.52
Date of Receipt 10 / 01 / 2010
Transaction ID: 20101013125855-171
Amount of Each Receipt this Period 173.08

C. Full Name (Last, First, Middle Initial)
Barry M. Deutsch
Mailing Address 2330 West Course Drive
City Riverwoods State IL Zip Code 60015
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 ▼ 312.34
Date of Receipt 10 / 01 / 2010
Transaction ID: 20101013125855-112
Amount of Each Receipt this Period 44.62

SUBTOTAL of Receipts This Page (optional) ► 249.33
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 45
(check only one)

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

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

A.

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Angel L. Egipciano-Lassalle | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| Mailing Address 27225 Rose Mallow Lane (Fair Oaks) (Fair Oaks Ranch) | | Transaction ID: 20101013125855-161 |
| City Canyon Country | State Zip Code CA 91387-6950 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Plant Controller II | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Scott A. Ehrmantraut | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| Mailing Address 7655 168th ave se | | Transaction ID: 20101013125855-202 |
| City mooreton | State Zip Code ND 58061 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer BioLife Plasma L.L.C. | Occupation Director, Operations | Aggregate Year-to-Date ▼ 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Paul D. Estrem | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| Mailing Address 325 Clarewood Circle | | Transaction ID: 20101013125855-49 |
| City Grayslake | State Zip Code IL 60030 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation VP, Fin & Strat Initiatives | Aggregate Year-to-Date ▼ 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 125.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Peter Etienne | | Date of Receipt |
| | Mailing Address 189 Lions Court | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Lake Zurich | IL | 60047 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Baxter International Inc. | | Occupation Sr Counsel | Transaction ID: 20101013125855-174 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="25.00"/> |

| | | | |
|---|--|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Camille I. Farhat | | Date of Receipt |
| | Mailing Address 1052 Warrington Road | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Deerfield | IL | 60015 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Baxter Healthcare Corporation | | Occupation GM, BPT | Transaction ID: 20101013125855-69 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> | <input type="text" value="50.00"/> |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Carlos M. Flores | | Date of Receipt |
| | Mailing Address 1601 Marinero Place | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Oxnard | CA | 93030 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Baxter Healthcare Corporation | | Occupation Sr Principal Engineer | Transaction ID: 20101013125855-107 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="12.50"/> |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="87.50"/> |
| 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: PAGE 17 / 45
(check only one)

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

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

A.

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

Mailing Address 746 S. River Rd

City Naperville State IL Zip Code 60540

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-84

Amount of Each Receipt this Period
12.00

B.

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

Mailing Address 20982 Buffalo Run

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter Healthcare Corporation Occupation VP, I Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-34

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address Baxter Expatriate Admin PO Box 747
Baxter Expatriate Admin

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-188

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 57.00

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 18 / 45 |
| | <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. Full Name (Last, First, Middle Initial)
Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code
Green Oaks IL 60048

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1508.46

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-75

Amount of Each Receipt this Period
76.92

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

Mailing Address 2442 W. Carmen Ave.

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation
Baxter International Inc. Dir, Communications

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-172

Amount of Each Receipt this Period
25.00

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

Mailing Address 391 Sherbrooke Court

City State Zip Code
Crystal Lake IL 60012

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

Name of Employer Occupation
Baxter Healthcare Corpora- CVP, Global Manufacturing Ops
tion

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3192.24

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-16

Amount of Each Receipt this Period
160.38

SUBTOTAL of Receipts This Page (optional) ► 262.30

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Zhanna Gevorkian

Mailing Address 1333 Valley View Rd. Unit 26
Apt B

City State Zip Code
Glendale CA 91202

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

Name of Employer Occupation
Baxter Healthcare Corpora- Mgr I, Finance
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 203.68

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-93

Amount of Each Receipt this Period
10.25

B.

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

Mailing Address 3775 Riverly Trace

City State Zip Code
Marietta GA 30067

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Environ, Health & Safety
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1091.82

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-63

Amount of Each Receipt this Period
55.20

C.

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

Mailing Address 760 Oakwood Ave

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Dir, Clinical Development
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-118

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **115.45**

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 / 45
(check only one)

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

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

A.

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

Mailing Address 909 Clinton Place

City State Zip Code
River Forest IL 60305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-185

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

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

Name of Employer Occupation
Baxter Healthcare Corpora-tion President, BioPharmaceuticals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-6

Amount of Each Receipt this Period
35.00

C.

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

Mailing Address 1620 Timber Woods Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corpora-tion Sr Director, New Product Intro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1306.10

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-92

Amount of Each Receipt this Period
65.77

SUBTOTAL of Receipts This Page (optional) ► **125.77**

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Leslie J. Herzog | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 816 Moseley Rd. | Transaction ID: 20101013125855-124 |
| | City State Zip Code Highland Park IL 60035 | Amount of Each Receipt this Period 32.45 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation Dir, Clinical Data Mgmt | |
| | Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 644.44 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Michael T. Himes | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 2100 Ovaltine Court Apartment 119 | Transaction ID: 20101013125855-200 |
| | City State Zip Code Villa Park IL 60181 | Amount of Each Receipt this Period 11.22 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation BioLife Plasma L.L.C. Quality Assoc II | |
| | Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 222.84 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert J. Hombach | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 126 Homewood Avenue | Transaction ID: 20101013125855-169 |
| | City State Zip Code Libertyville IL 60048 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter International Inc. CVP, Treasurer | |
| | Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 68.67 |
| 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 22 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Gary W. Inglese

Mailing Address 9321 Waterside Court

City State Zip Code
New Haven IN 46774

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Healthcare Reimb
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-76

Amount of Each Receipt this Period
20.00

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

Mailing Address 2208 Wesley Ave.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Baxter International Inc. Assoc General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1662.76

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-175

Amount of Each Receipt this Period
83.63

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

Mailing Address 130 W Lincoln Ave

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Dir, Strategy & Integration
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 782.64

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-153

Amount of Each Receipt this Period
39.42

SUBTOTAL of Receipts This Page (optional) ► 143.05

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 23 / 45
(check only one)

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

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

A.

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

Mailing Address 2322 Central Park Ave.

City State Zip Code
Evanston IL 60201

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Bus Plan & Dev & Admin Ldr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-162

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 31385 W Somerset Circle

City State Zip Code
Green Oaks IL 60048

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-48

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 22606 Bridle

City State Zip Code
Kildeer IL 60047

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, HD/CRRT Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-133

Amount of Each Receipt this Period
50.00

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 24 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Peter Khoury

Mailing Address PO Box 904

City State Zip Code
Jordan NY 13080

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP I, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 20101013125855-32

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)

Jane E. Kiernan

Mailing Address 525 W Roscoe St
Apt 3W

City State Zip Code
Chicago IL 60657-3540

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

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

Transaction ID: 20101013125855-38

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City State Zip Code
Wilmette IL 60091

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: 20101013125855-136

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶

165.00

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 25 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation Away on Assignment

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1550.62

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-190

Amount of Each Receipt this Period
77.99

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

Mailing Address 2308 Isabella St.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Baxter International Inc. Senior Tax Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-181

Amount of Each Receipt this Period
20.00

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

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 502.06

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-197

Amount of Each Receipt this Period
25.28

SUBTOTAL of Receipts This Page (optional) ► 123.27

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 26 / 45

(check only one)

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

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

A.

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

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City State Zip Code
Chicago IL 60601

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

Name of Employer Baxter Healthcare Corporation
Occupation VP II, Sales

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: 20101013125855-2

Amount of Each Receipt this Period

75.00

B.

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

Mailing Address 21334 Andover Road

City State Zip Code
Kildeer IL 60047

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

Name of Employer Baxter Healthcare Corporation
Occupation VP, HR - Renal

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 499.20

Date of Receipt

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

Transaction ID: 20101013125855-138

Amount of Each Receipt this Period

41.60

C.

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

Mailing Address 876 Writer CT

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer Baxter Healthcare Corporation
Occupation VP Manufacturing Med Delivery

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1198.54

Date of Receipt

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

Transaction ID: 20101013125855-148

Amount of Each Receipt this Period

60.71

SUBTOTAL of Receipts This Page (optional)

177.31

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 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|------------------------------------|---|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Jacopo Leonardi | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 319 E. Vincent Ct. | | Transaction ID: 20101013125855-132 | | |
| | City Lake Bluff | State IL | Zip Code 60044 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | Name of Employer Baxter Healthcare Corporation | | |
| Occupation VP I, Marketing | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Aggregate Year-to-Date ▼ 500.00 | | | | | |

| | | | | | |
|---|---|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Josephine M. Li-McLeod | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 758 Cranmont Court | | Transaction ID: 20101013125855-35 | | |
| | City Simi Valley | State CA | Zip Code 93065 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | Name of Employer Baxter Healthcare Corporation | | |
| Occupation Sr Director Outcomes Research | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Aggregate Year-to-Date ▼ 275.00 | | | | | |

| | | | | | |
|---|---|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Ray J. Linder | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 1255 Town Center Road Apt 6Q | | Transaction ID: 20101013125855-44 | | |
| | City Vernon Hills | State IL | Zip Code 60061 | Amount of Each Receipt this Period 47.80 | |
| | FEC ID number of contributing federal political committee. C | | Name of Employer Baxter Healthcare Corporation | | |
| Occupation VP, HR - Mfg/Supply Chain | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Aggregate Year-to-Date ▼ 995.96 | | | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 97.80 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) Ronald K. Lloyd | | Date of Receipt |
| | Mailing Address 1694 Falling Star Ave. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Westlake Village | CA | 91362 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20101013125855-42 |
| Name of Employer Baxter Healthcare Corporation | | Occupation VPGM BioTherapeutic & Regn Med | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | <input type="text"/> 50.00 |

| | | | |
|---|---|---------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Marcus A. Luna | | Date of Receipt |
| | Mailing Address 11 Heath Pkwy | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Middletown | NJ | 07748 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20101013125855-125 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Sales Representative II | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | <input type="text"/> 15.00 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Matthew A. Lykken | | Date of Receipt |
| | Mailing Address 421 North Wheaton Ave | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Wheaton | IL | 60187 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20101013125855-183 |
| Name of Employer Baxter International Inc. | | Occupation VP, Tax | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | <input type="text"/> 25.00 |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 90.00 |
| 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: PAGE 29 / 45
(check only one)

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

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

A.

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

Mailing Address 116 Tennessee Avenue NE

City Washington State DC Zip Code 20002

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 ▼ 600.00

Date of Receipt 10 / 01 / 2010

Transaction ID: 20101013125855-134

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 10680 Red Leaf Circle

City Lakewood State IL Zip Code 60014

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

Name of Employer Baxter Healthcare Corporation Occupation VP I, Mfg Strategic Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1594.32

Date of Receipt 10 / 01 / 2010

Transaction ID: 20101013125855-22

Amount of Each Receipt this Period 80.28

C.

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

Mailing Address 1760 Duffy Lane

City Bannockburn State IL Zip Code 60015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3483.08

Date of Receipt 10 / 01 / 2010

Transaction ID: 20101013125855-178

Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional) ► 285.28

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 30 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) Michael J. McAndrew | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 795 Foxmoor | Transaction ID: 20101013125855-105 |
| | City State Zip Code Lake Zurich IL 60047 | Amount of Each Receipt this Period 36.54 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation Dir, Quality | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 725.64 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Daniel S. McRae | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 2965 Redding Road | Transaction ID: 20101013125855-64 |
| | City State Zip Code Atlanta GA 30319 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Baxter Healthcare Corporation IV Therapy Sales Representativ | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) John K. McVey | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 6320 Longwood Road | Transaction ID: 20101013125855-194 |
| | City State Zip Code Libertyville IL 60048-9447 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation BioLife Plasma L.L.C. Sr Dir, Reg Affairs & Quality | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 86.54 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) Kelli Mills Lester | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 3140 creswell dr | Transaction ID: 20101013125855-120 |
| | City falls church State VA Zip Code 22044 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 800.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael Murphy | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 340 E Scranton Ave | Transaction ID: 20101013125855-74 |
| | City Lake Bluff State IL Zip Code 60044 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Baxter Healthcare Corporation Occupation VP, Corporate Quality Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Timothy J. Murphy | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 14601 N Somerset Circle | Transaction ID: 20101013125855-146 |
| | City Libertyville State IL Zip Code 60048 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | 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 594.60 | |

| | |
|--|---------------|
| 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 32 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|---|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Peter J. O'Malley | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 791 Summit Avenue | | Transaction ID: 20101013125855-163 | | |
| | City Lake Forest | State IL | Zip Code 60045 | Amount of Each Receipt this Period 45.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation VP, Business Alliances | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 900.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Stasia L. Ogden | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 1750 W Cortland St | | Transaction ID: 20101013125855-101 | | |
| | City Chicago | State IL | Zip Code 60622 | Amount of Each Receipt this Period 20.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation Asst General Counsel, Patent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 400.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Thor F. Paulson | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 13941 Cooper Way | | Transaction ID: 20101013125855-80 | | |
| | City Orland Park | State IL | Zip Code 60467 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation Sr Counsel | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 90.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 33 / 45

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 9078 Brook Ford Road

City State Zip Code
Burke VA 22015

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 20101013125855-130

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City State Zip Code
Los Angeles CA 90008

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Counsel
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1142.42

Date of Receipt

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

Transaction ID: 20101013125855-140

Amount of Each Receipt this Period
57.46

C.

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City State Zip Code
Palmetto FL 34221

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.62

Date of Receipt

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

Transaction ID: 20101013125855-28

Amount of Each Receipt this Period
34.28

SUBTOTAL of Receipts This Page (optional)

116.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Joseph A. Pudlo | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 525 Trestle Court | Transaction ID: 20101013125855-31 |
| | City State Zip Code Grayslake IL 60030 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation VP, Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Julie A. Quick | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 3223 Epstein Circle | Transaction ID: 20101013125855-204 |
| | City State Zip Code Mundelein IL 60060 | Amount of Each Receipt this Period 21.77 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer BioLife Plasma L.L.C. | Occupation Sr Mgr, Reg Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 431.26 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Janet L. Raciti | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 19 Wimbledon Court | Transaction ID: 20101013125855-33 |
| | City State Zip Code Lincolnshire IL 60069 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation Dir, Strategic Reimbursement | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 81.77 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 35 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sundar Ramanan

Mailing Address 1146 Azalea Way

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Mgr, Reg Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 276.18

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-147

Amount of Each Receipt this Period
13.92

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

Mailing Address 926 Valley Road

City State Zip Code
Glencoe IL 60022

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1158.16

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-179

Amount of Each Receipt this Period
58.25

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

Mailing Address 3927 Corte Cancion

City State Zip Code
Thousand Oaks CA 91360

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-53

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 92.17

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|--|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Dawn D. Robinson-Rose | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 1007 La Rambla Drive | | Transaction ID: 20101013125855-108 | | |
| | City Burbank | State CA | Zip Code 91501-1621 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation Dir, Implementation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Jill A. Rowilson | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 1280 21st St NW Unit 906 Apt 906 | | Transaction ID: 20101013125855-98 | | |
| | City Washington | State DC | Zip Code 20036 | Amount of Each Receipt this Period 23.26 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation Sr. Mgr, PAC and Grassroots | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 461.78 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Joseph Russo | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 27928 Periwinkle Lane | | Transaction ID: 20101013125855-149 | | |
| | City Valencia | State CA | Zip Code 91354 | Amount of Each Receipt this Period 33.34 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation Dir, Envir Health & Safety | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 659.48 | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 81.60 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 45

(check only one)

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

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

A.

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

Mailing Address 1419 W Berteau

City State Zip Code
Chicago IL 60613

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2022.92

Date of Receipt

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

Transaction ID: 20101013125855-176

Amount of Each Receipt this Period

101.89

B.

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

Mailing Address 18522 Roslin Ave

City State Zip Code
Torrance CA 90504

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

Name of Employer Occupation
Baxter Healthcare Corpora- Principal Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.40

Date of Receipt

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

Transaction ID: 20101013125855-73

Amount of Each Receipt this Period

17.14

C.

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

Mailing Address 915 Ash Street
Baxter Expat Admin

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Baxter World Trade Corpora- Away on Assignment

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1164.98

Date of Receipt

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

Transaction ID: 20101013125855-186

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional) ▶

181.53

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 38 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ashish Sagolikar

Mailing Address 1012 Alden Lane

City State Zip Code
Buffalo Grove IL 60089

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP I, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-155

Amount of Each Receipt this Period
15.00

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

Mailing Address 931 Oak Street

City State Zip Code
Winnetka IL 60093

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1788.52

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-173

Amount of Each Receipt this Period
91.35

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

Mailing Address 1621 Mission Hills Rd Unit 211
Apt 211

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP II, Mfg Strategic Planning
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1206.82

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-3

Amount of Each Receipt this Period
61.01

SUBTOTAL of Receipts This Page (optional) ► 167.36

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 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) Jeffrey Allen Sexton | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 19 Cochran View Drive | Transaction ID: 20101013125855-90 |
| | City Marion State NC Zip Code 28752 | Amount of Each Receipt this Period 13.40 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation Supv II, Manufacturing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 234.30 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) George N. Sfondilis | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 1010 Glencrest Drive | Transaction ID: 20101013125855-131 |
| | City Inverness State IL Zip Code 60010 | Amount of Each Receipt this Period 11.82 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation Project Mgr II, IT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 234.72 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) John P. Shannon | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 432 Utley | Transaction ID: 20101013125855-159 |
| | City Elmhurst State IL Zip Code 60126 | Amount of Each Receipt this Period 61.54 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation VP II, Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1166.92 | |

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| SUBTOTAL of Receipts This Page (optional) | 86.76 |
| 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 40 / 45 |
| | <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. | Full Name (Last, First, Middle Initial) Terry (John) Simmons | | Date of Receipt |
| | Mailing Address 1013 Windhaven Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Libertyville | IL | 60048 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20101013125855-154 |
| Name of Employer Baxter Healthcare Corporation | | Occupation VP, Global Purchasing | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | <input type="text"/> 15.00 |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Lori E. Sims | | Date of Receipt |
| | Mailing Address 66 Cooper Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Glastonbury | CT | 06033 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20101013125855-102 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Mgr, State Government Affairs | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 454.66 | <input type="text"/> 22.88 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Deborah G. Spak | | Date of Receipt |
| | Mailing Address 1555 Stratford | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Deerfield | IL | 60015 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20101013125855-180 |
| Name of Employer Baxter International Inc. | | Occupation Dir, Communications | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 295.68 | <input type="text"/> 14.92 |

| | |
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| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 52.80 |
| 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 41 / 45 | | |
| | <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 |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Janet M. Spaulding | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 4371 Silversmith Lane | Transaction ID: 20101013125855-195 |
| | City State Zip Code Independence KY 41051 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Elizabeth F. Stoll | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 975 Seaboard Ave | Transaction ID: 20101013125855-141 |
| | City State Zip Code Atlanta GA 30318 | Amount of Each Receipt this Period 10.21 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Baxter Healthcare Corporation Occupation Mgr II, State Govt Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 202.34 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Donald J. Sullivan | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 |
| | Mailing Address 910 W Cypress Drive | Transaction ID: 20101013125855-167 |
| | City State Zip Code Arlington Heights IL 60005 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Baxter International Inc. Occupation VP, Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 800.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 75.21 |
| 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 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|---|--|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Karenann Terrell | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 914 Queens Lanes | | Transaction ID: 20101013125855-177 | | |
| | City Glenview | State IL | Zip Code 60025 | Amount of Each Receipt this Period 192.31 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter International Inc. | Occupation CVP, Chief Information Officer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 3846.20 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Ronald J. Trudeau | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 416 W Oakwood Dr | | Transaction ID: 20101013125855-1 | | |
| | City Barrington | State IL | Zip Code 60010 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | Occupation VP II, Engineering | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Onelia Ann Vera | | Date of Receipt MM / DD / YYYY 10 / 01 / 2010 | | |
| | Mailing Address 619 Oleander Drive | | Transaction ID: 20101013125855-150 | | |
| | City Hallandale | State FL | Zip Code 33009 | Amount of Each Receipt this Period 103.92 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | 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 ▼ 2060.22 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 321.23 |
| 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 43 / 45
(check only one)

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

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

A.

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

Mailing Address 4306 Arenzano Way

City State Zip Code
El Dorado Hills CA 95762

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Mgr, State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-97

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-143

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 6800 Red Rock Road

City State Zip Code
Amarillo TX 79118

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Sales Representative III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2010

Transaction ID: 20101013125855-110

Amount of Each Receipt this Period
20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jerzy Wojcik

Mailing Address 9375 Landings Lane Unit 404
Unit 404

City State Zip Code
Des Plaines IL 60016

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-157

Amount of Each Receipt this Period
25.00

B.

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

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

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1016.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-113

Amount of Each Receipt this Period
51.20

C.

Full Name (Last, First, Middle Initial)
Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106
Unit 106

City State Zip Code
Lincolnshire IL 60069

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Transaction ID: 20101013125855-114

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 126.20

TOTAL This Period (last page this line number only) ► 5182.23

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 45

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Kind for Congress Committee | | Transaction ID: F7CE233FF3F69FCDD03 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 205 5th Avenue South Suite 428 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 0 | 8 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City La Crosse | State WI | Zip Code 54601 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement 2010 General | | | <table border="1"><tr><td>1000.00</td></tr></table> | 1000.00 | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Ron Kind | | | <table border="1"><tr><td>011</td></tr></table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| | State: WI | District: 03 | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|---------|
| 1000.00 |
|---------|