

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		56284.59
(b) Cash on Hand at Beginning of Reporting Period.....	37162.99	
(c) Total Receipts (from Line 19)	11186.15	51064.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48349.14	107349.14
7. Total Disbursements (from Line 31).....	0.00	59000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48349.14	48349.14
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6859.07	22357.85
(ii) Unitemized	4327.08	28706.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11186.15	51064.55
(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)	11186.15	51064.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11186.15	51064.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11186.15	51064.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	59000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	59000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	59000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11186.15	51064.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11186.15	51064.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Michael J. Baughman		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-80
Mailing Address 5343 N Lakewood Ave		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60640-2208
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance - Med Products
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Michael J. Baughman		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-280
Mailing Address 5343 N Lakewood Ave		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60640-2208
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance - Med Products
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Edwin A. Betancourt		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-237
Mailing Address 2704 Oakmont Ct		Amount of Each Receipt this Period 55.97
City Weston	State FL	Zip Code 33332-1834
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Export Corporation	Occupation VP, Ops - MP LA Area
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.47	

SUBTOTAL of Receipts This Page (optional).....▶	255.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Edwin A. Betancourt		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-248
Mailing Address 2704 Oakmont Ct		Amount of Each Receipt this Period 55.97
City Weston	State FL	Zip Code 33332-1834
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Export Corporation	
Occupation VP, Ops - MP LA Area		Aggregate Year-to-Date ▼ 496.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Simon Bhasin		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-96
Mailing Address 5172 Ohio St		Amount of Each Receipt this Period 25.00
City Yorba Linda	State CA	Zip Code 92886-4115
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Sr Dir, ePedigree Program		Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paulo Bolgar		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-272
Mailing Address PO Box 747 Baxter Expat Admin		Amount of Each Receipt this Period 25.00
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Export Corporation	
Occupation VP, HR-BGR		Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	105.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda K. Boltz		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-140
Mailing Address 315 Park Dr		Amount of Each Receipt this Period 25.00
City Palatine	State IL	Zip Code 60067-7732
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Susan K. Brown		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-277
Mailing Address 917 Geneva St		Amount of Each Receipt this Period 80.29
City Glendale	State CA	Zip Code 91207-1707
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Mfg - Plasma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.33	

Full Name (Last, First, Middle Initial) C. Susan K. Brown		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-273
Mailing Address 917 Geneva St		Amount of Each Receipt this Period 80.29
City Glendale	State CA	Zip Code 91207-1707
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Mfg - Plasma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.33	

SUBTOTAL of Receipts This Page (optional).....▶	185.58
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
 Vernon Hills IL 60061-2572

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

Name of Employer Occupation
 Baxter International Inc. CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 641.36

Date of Receipt
 04 / 10 / 2015
Transaction ID : 20150511112855-45

Amount of Each Receipt this Period
 72.12

Full Name (Last, First, Middle Initial)
B. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
 Vernon Hills IL 60061-2572

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

Name of Employer Occupation
 Baxter International Inc. CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 641.36

Date of Receipt
 04 / 24 / 2015
Transaction ID : 20150512102246-61

Amount of Each Receipt this Period
 72.12

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

Mailing Address 2420 Sidney St

City State Zip Code
 Pittsburgh PA 15203-2117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 04 / 10 / 2015
Transaction ID : 20150511112855-208

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.24

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2420 Sidney St

City State Zip Code
Pittsburgh PA 15203-2117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-227

Amount of Each Receipt this Period
100.00

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

Mailing Address 1721 Dewes St

City State Zip Code
Glenview IL 60025-4301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-197

Amount of Each Receipt this Period
25.00

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

Mailing Address 1090 Medford Rd

City State Zip Code
Pasadena CA 91107-1701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-77

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Harriet Clemons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 20150511112855-203
Mailing Address 1255 Town Center Rd Unit 3Q		Amount of Each Receipt this Period 50.00
City Vernon Hills	State IL	Zip Code 60061-4194
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Harriet Clemons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : 20150512102246-221
Mailing Address 1255 Town Center Rd Unit 3Q		Amount of Each Receipt this Period 50.00
City Vernon Hills	State IL	Zip Code 60061-4194
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Mark Coin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 20150511112855-187
Mailing Address 1006 S St NW		Amount of Each Receipt this Period 48.07
City Washington	State DC	Zip Code 20001-5073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.07
Name of Employer Baxter Healthcare Corporation	Occupation Director, Public and Reimburse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.31	

SUBTOTAL of Receipts This Page (optional).....▶	148.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Coin		Date of Receipt
Mailing Address 1006 S St NW		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Washington	DC	20001-5073
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20150512102246-207
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Director, Public and Reimburse	<input type="text" value="48.07"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.31"/>	

Full Name (Last, First, Middle Initial) B. Sarah L. Creviston		Date of Receipt
Mailing Address 23 Wynstone Way		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
North Barrington	IL	60010-6950
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20150511112855-48
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	VP, Government Affairs	<input type="text" value="121.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1077.33"/>	

Full Name (Last, First, Middle Initial) C. Sarah L. Creviston		Date of Receipt
Mailing Address 23 Wynstone Way		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
North Barrington	IL	60010-6950
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20150512102246-60
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	VP, Government Affairs	<input type="text" value="121.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1077.33"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="290.49"/>
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 13 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Margarita Cruz-casse		Date of Receipt 04 / 10 / 2015 Transaction ID : 20150511112855-28
Mailing Address 153 Calle Violeta		Amount of Each Receipt this Period 59.09
City San Juan	State PR	Zip Code 00927-6208
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter	Occupation Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.05	

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse		Date of Receipt 04 / 24 / 2015 Transaction ID : 20150512102246-38
Mailing Address 153 Calle Violeta		Amount of Each Receipt this Period 59.09
City San Juan	State PR	Zip Code 00927-6208
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter	Occupation Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.05	

Full Name (Last, First, Middle Initial) C. Barry M. Deutsch		Date of Receipt 04 / 10 / 2015 Transaction ID : 20150511112855-278
Mailing Address 2330 W Course Dr		Amount of Each Receipt this Period 51.92
City Riverwoods	State IL	Zip Code 60015-1768
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.51	

SUBTOTAL of Receipts This Page (optional).....▶	170.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barry M. Deutsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2330 W Course Dr
 City Riverwoods State IL Zip Code 60015-1768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.51

Date of Receipt 04 / 24 / 2015
Transaction ID : 20150512102246-124
 Amount of Each Receipt this Period 51.92

B. Rodney R. Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Lakeside Pl
 City Highland Park State IL Zip Code 60035-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Reimbursement Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 20150511112855-62
 Amount of Each Receipt this Period 50.00

C. Rodney R. Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Lakeside Pl
 City Highland Park State IL Zip Code 60035-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Reimbursement Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 24 / 2015
Transaction ID : 20150512102246-76
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 151.92
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 189 Lions Ct

City Lake Zurich State IL Zip Code 60047-7012

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-21

Amount of Each Receipt this Period
25.00

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

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 20150511112855-150

Amount of Each Receipt this Period
50.00

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

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-173

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
Libertyville IL 60048-2490

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
783.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 20150511112855-111

Amount of Each Receipt this Period
88.38

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

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
Libertyville IL 60048-2490

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
783.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 20150512102246-115

Amount of Each Receipt this Period
88.38

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

Mailing Address 3775 Riverly Trce

City State Zip Code
Marietta GA 30067-4241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.53

Date of Receipt
04 / 10 / 2015
Transaction ID : 20150511112855-108

Amount of Each Receipt this Period
63.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.43

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

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

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

FOR LINE NUMBER: PAGE 17 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Arthur J. Gibson
 Mailing Address 3775 Riverly Trce
 City State Zip Code
 Marietta GA 30067-4241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Environ, Health & Safety
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 565.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-110
 Amount of Each Receipt this Period
 63.67

Full Name (Last, First, Middle Initial)
B. Joseph P. Gomes
 Mailing Address 648 Cameron Dr
 City State Zip Code
 Antioch IL 60002-1185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Assoc Dir,Medical Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 20150511112855-182
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
c. Joseph P. Gomes
 Mailing Address 648 Cameron Dr
 City State Zip Code
 Antioch IL 60002-1185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Assoc Dir,Medical Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-205
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.67
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: (check only one)	PAGE 18 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 909 Clinton Pl

City River Forest State IL Zip Code 60305-1503

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 24 / 2015
Transaction ID : 20150512102246-68

Amount of Each Receipt this Period 25.00

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

Mailing Address 1860 Fairport Dr

City Grayslake State IL Zip Code 60030-7947

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

Name of Employer Baxter Occupation Dir, Payer & Channel Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 20150511112855-270

Amount of Each Receipt this Period 50.00

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

Mailing Address 1860 Fairport Dr

City Grayslake State IL Zip Code 60030-7947

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

Name of Employer Baxter Occupation Dir, Payer & Channel Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 24 / 2015
Transaction ID : 20150512102246-270

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Aaron J. Hebbeln		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 20150511112855-212
Mailing Address 1305 Kristin Dr		Amount of Each Receipt this Period 30.00
City Libertyville	State IL	Zip Code 60048-1285
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Group Mgr, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Aaron J. Hebbeln		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : 20150512102246-230
Mailing Address 1305 Kristin Dr		Amount of Each Receipt this Period 30.00
City Libertyville	State IL	Zip Code 60048-1285
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Group Mgr, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Laurie R. Hernandez		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 20150511112855-122
Mailing Address 1340 Crest Rd		Amount of Each Receipt this Period 61.54
City Libertyville	State IL	Zip Code 60048-1515
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46	

SUBTOTAL of Receipts This Page (optional).....▶	121.54
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 545.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-122

Amount of Each Receipt this Period
 61.54

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

Mailing Address 126 Homewood Ave

City State Zip Code
 Libertyville IL 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 20150511112855-199

Amount of Each Receipt this Period
 50.00

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

Mailing Address 126 Homewood Ave

City State Zip Code
 Libertyville IL 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-219

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 161.54

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 21 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kim Isenberg		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-226
Mailing Address 5028 Belmont Ave S		Amount of Each Receipt this Period 35.00
City Minneapolis	State MN	Zip Code 55419-1312
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Sr Manager, Reimb and Advocacy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Kim Isenberg		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-240
Mailing Address 5028 Belmont Ave S		Amount of Each Receipt this Period 35.00
City Minneapolis	State MN	Zip Code 55419-1312
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Sr Manager, Reimb and Advocacy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Irene P. Jakimcius		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-31
Mailing Address 2208 Wesley Ave		Amount of Each Receipt this Period 94.61
City Evanston	State IL	Zip Code 60201-2648
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation Assoc General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.93	

SUBTOTAL of Receipts This Page (optional).....▶	164.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Irene P. Jakimcius		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-39
Mailing Address 2208 Wesley Ave		Amount of Each Receipt this Period 94.61
City Evanston	State IL	Zip Code 60201-2648
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.93	

Full Name (Last, First, Middle Initial) B. Michael T. Jennings		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-50
Mailing Address 130 W Lincoln Ave		Amount of Each Receipt this Period 44.51
City Libertyville	State IL	Zip Code 60048-2721
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.89	

Full Name (Last, First, Middle Initial) C. Michael T. Jennings		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-64
Mailing Address 130 W Lincoln Ave		Amount of Each Receipt this Period 44.51
City Libertyville	State IL	Zip Code 60048-2721
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.89	

SUBTOTAL of Receipts This Page (optional).....▶	183.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 31385 W Somerset Cir

City State Zip Code
Libertyville IL 60048-4886

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

Name of Employer Occupation
Baxter World Trade Corporation VP, Renal Mfg - Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-24

Amount of Each Receipt this Period
25.00

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

Mailing Address 1520 Greystone Dr

City State Zip Code
Gurnee IL 60031-9128

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

Name of Employer Occupation
Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-176

Amount of Each Receipt this Period
25.00

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

Mailing Address 821 Windsor Rd

City State Zip Code
Glenview IL 60025-3128

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

Name of Employer Occupation
Baxter Healthcare Corporation Sr Dir, Hospital Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-217

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie S. Kim		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150511112855-61
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation GM, UK & Ireland		<input type="text" value="69.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="611.85"/>		

Full Name (Last, First, Middle Initial) B. Julie S. Kim		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150512102246-72
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation GM, UK & Ireland		<input type="text" value="69.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="611.85"/>		

Full Name (Last, First, Middle Initial) c. Sherryl L. King		Date of Receipt
Mailing Address 1240 S Walnut Ave		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Arlington Heights	State IL	Zip Code 60005-3056
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150511112855-100
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Bus Analytics - BioScience		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="450.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="188.66"/>
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 25 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1240 S Walnut Ave

City State Zip Code
Arlington Heights IL 60005-3056

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-105

Amount of Each Receipt this Period
50.00

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

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723-5463

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 20150511112855-95

Amount of Each Receipt this Period
29.56

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

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723-5463

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-103

Amount of Each Receipt this Period
29.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **719.07**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 20150511112855-53

Amount of Each Receipt this Period
82.69

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

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **719.07**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-66

Amount of Each Receipt this Period
82.69

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

Mailing Address 319 Vincent Ct

City State Zip Code
Lake Bluff IL 60044-2758

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, US Hemophilia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-171

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	190.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Govt Affs & Alliance Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 20150511112855-177

Amount of Each Receipt this Period
45.00

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

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Govt Affs & Alliance Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 20150512102246-202

Amount of Each Receipt this Period
45.00

C. Josephine M. Li-McLeod
Full Name (Last, First, Middle Initial)

Mailing Address 758 Cranmont Ct

City Simi Valley State CA Zip Code 93065-7075

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, MORE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 20150512102246-168

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00

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 28 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John W. Lifer		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-187
Mailing Address 5601 E Country Rdg		Amount of Each Receipt this Period 125.00
City Fayetteville	State AR	Zip Code 72701-7455
FEC ID number of contributing federal political committee. C	Name of Employer BioLife Plasma L.L.C.	
Occupation Plasma Center Manager		Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ronald K. Lloyd		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-77
Mailing Address 2 W Delaware Pl Unit 2603		Amount of Each Receipt this Period 50.00
City Chicago	State IL	Zip Code 60610-3416
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation GFH, BioTherapeutics		Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald K. Lloyd		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-90
Mailing Address 2 W Delaware Pl Unit 2603		Amount of Each Receipt this Period 50.00
City Chicago	State IL	Zip Code 60610-3416
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation GFH, BioTherapeutics		Aggregate Year-to-Date ▼ 450.00
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 29 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jack Maniko			Date of Receipt
Mailing Address 6625 Barnaby St NW			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 2015051112855-156
Washington	DC	20015-2331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	Dir, Fed Legislative Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jack Maniko			Date of Receipt
Mailing Address 6625 Barnaby St NW			<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 20150512102246-182
Washington	DC	20015-2331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	Dir, Fed Legislative Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael E. Martin			Date of Receipt
Mailing Address 10680 Red Leaf Cir			<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 20150512102246-36
Village Of Lakewoo	IL	60014-4852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.84"/>
Name of Employer	Occupation		
Baxter Healthcare Corporation	VP, MPO Program Management		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.86"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="92.84"/>
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 30 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeanne K. Mason		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-99
Mailing Address 1760 Duffy Ln		Amount of Each Receipt this Period 208.46
City Bannockburn	State IL	Zip Code 60015-1512
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation CVP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1853.06	

Full Name (Last, First, Middle Initial) B. Jeanne K. Mason		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-5
Mailing Address 1760 Duffy Ln		Amount of Each Receipt this Period 208.46
City Bannockburn	State IL	Zip Code 60015-1512
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation CVP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1853.06	

Full Name (Last, First, Middle Initial) C. John K. McVey		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-275
Mailing Address 6320 Longwood Rd		Amount of Each Receipt this Period 27.00
City Libertyville	State IL	Zip Code 60048-9447
FEC ID number of contributing federal political committee. C		
Name of Employer BioLife Plasma L.L.C.	Occupation Sr Dir, Reg Affairs & Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional).....▶	443.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John K. McVey
Full Name (Last, First, Middle Initial)

Mailing Address 6320 Longwood Rd

City Libertyville State IL Zip Code 60048-9447

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

Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt 04 / 24 / 2015
Transaction ID : 20150512102246-274

Amount of Each Receipt this Period 27.00

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

Mailing Address 106 S Sangamon St Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 24 / 2015
Transaction ID : 20150512102246-139

Amount of Each Receipt this Period 25.00

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

Mailing Address 1950 Lake Charles Dr

City Vernon Hills State IL Zip Code 60061-4578

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Nat Accts - US BioScience

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.49

Date of Receipt 04 / 10 / 2015
Transaction ID : 20150511112855-249

Amount of Each Receipt this Period 54.39

SUBTOTAL of Receipts This Page (optional).....▶ 106.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Chris C. Miskel		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : 20150512102246-245
Mailing Address 1950 Lake Charles Dr		Amount of Each Receipt this Period 54.39
City Vernon Hills	State IL	
Zip Code 60061-4578		Aggregate Year-to-Date ▼ 482.49
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Nat Accts - US BioScience	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 482.49		

Full Name (Last, First, Middle Initial) B. Mark R. Nail		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : 20150512102246-113
Mailing Address 4 Lost Meadow Cv		Amount of Each Receipt this Period 25.00
City The Hills	State TX	
Zip Code 78738-1341		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Renal Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Peter J. O'Malley		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 20150511112855-9
Mailing Address 791 Summit Ave		Amount of Each Receipt this Period 45.00
City Lake Forest	State IL	
Zip Code 60045-1830		Aggregate Year-to-Date ▼ 405.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Mkt Access - US BioScience	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00		

SUBTOTAL of Receipts This Page (optional).....▶	124.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Peter J. O'Malley		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-18
Mailing Address 791 Summit Ave		Amount of Each Receipt this Period 45.00
City Lake Forest	State IL	Zip Code 60045-1830
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Mkt Access - US BioScience
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) B. Robert L. Parkinson		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 20150511112855-75
Mailing Address 1332 Edgewood Ln		Amount of Each Receipt this Period 590.38
City Northbrook	State IL	Zip Code 60062-4716
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation Chairman, President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Robert L. Parkinson		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-170
Mailing Address 1332 Edgewood Ln		Amount of Each Receipt this Period 276.96
City Northbrook	State IL	Zip Code 60062-4716
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation Chairman, President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	912.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 42
(check only one)

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

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

A. Jed M. Perry
Full Name (Last, First, Middle Initial)
Mailing Address 9078 Brook Ford Rd
City State Zip Code
Burke VA 22015-3617
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baxter Healthcare Corporation Dir, Fed Affairs & Operations
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 20150511112855-145
Amount of Each Receipt this Period
30.00

B. Jed M. Perry
Full Name (Last, First, Middle Initial)
Mailing Address 9078 Brook Ford Rd
City State Zip Code
Burke VA 22015-3617
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baxter Healthcare Corporation Dir, Fed Affairs & Operations
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 20150512102246-169
Amount of Each Receipt this Period
30.00

C. Linda J. Peters
Full Name (Last, First, Middle Initial)
Mailing Address 14866 Sanctuary Ln
City State Zip Code
Libertyville IL 60048-9611
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baxter Healthcare Corporation VP, RA - Med Products
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 20150511112855-186
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.00**
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 35 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda J. Peters		Date of Receipt
Mailing Address 14866 Sanctuary Ln		M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2015
City	State	Zip Code
Libertyville	IL	60048-9611
FEC ID number of contributing federal political committee.	Transaction ID : 20150512102246-208	
	Amount of Each Receipt this Period	
	100.00	
Name of Employer	Occupation	
Baxter Healthcare Corporation	VP, RA - Med Products	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	900.00	

Full Name (Last, First, Middle Initial) B. Carla D. Pittman		Date of Receipt
Mailing Address 3933 Kenway Ave		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Los Angeles	CA	90008-4805
FEC ID number of contributing federal political committee.	Transaction ID : 20150511112855-55	
	Amount of Each Receipt this Period	
	72.12	
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	649.08	

Full Name (Last, First, Middle Initial) C. Carla D. Pittman		Date of Receipt
Mailing Address 3933 Kenway Ave		M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2015
City	State	Zip Code
Los Angeles	CA	90008-4805
FEC ID number of contributing federal political committee.	Transaction ID : 20150512102246-69	
	Amount of Each Receipt this Period	
	72.12	
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	649.08	

SUBTOTAL of Receipts This Page (optional).....▶	244.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julie A. Quick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3223 Epstein Cir
 City State Zip Code
 Mundelein IL 60060-6049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BioLife Plasma L.L.C. Sr Mgr, Reg Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 221.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-172
 Amount of Each Receipt this Period
 25.11

B. Janet L. Raciti
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Wimbledon Ct
 City State Zip Code
 Lincolnshire IL 60069-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Strategic Reimbursement
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 20150511112855-74
 Amount of Each Receipt this Period
 40.00

C. Janet L. Raciti
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Wimbledon Ct
 City State Zip Code
 Lincolnshire IL 60069-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Strategic Reimbursement
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-86
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.11
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 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 10210 Angora Dr

City Cheltenham State MD Zip Code 20623-1068

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

Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
04 / 24 / 2015

Transaction ID : 20150512102246-261

Amount of Each Receipt this Period
25.00

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

Mailing Address 27928 Periwinkle Ln

City Valencia State CA Zip Code 91354-1843

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.35**

Date of Receipt
04 / 10 / 2015

Transaction ID : 20150511112855-84

Amount of Each Receipt this Period
37.57

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

Mailing Address 27928 Periwinkle Ln

City Valencia State CA Zip Code 91354-1843

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.35**

Date of Receipt
04 / 24 / 2015

Transaction ID : 20150512102246-67

Amount of Each Receipt this Period
37.57

SUBTOTAL of Receipts This Page (optional)..... ► **100.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1419 W Berteau Ave

City Chicago State IL Zip Code 60613-1914

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **977.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 2015051112855-254

Amount of Each Receipt this Period
108.62

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

Mailing Address 1419 W Berteau Ave

City Chicago State IL Zip Code 60613-1914

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **977.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-265

Amount of Each Receipt this Period
108.62

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

Mailing Address 381 W Prairie Walk Ln

City Round Lake State IL Zip Code 60073-4255

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-142

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **242.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1146.57**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 20150511112855-87

Amount of Each Receipt this Period
128.85

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

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1146.57**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150512102246-162

Amount of Each Receipt this Period
128.85

C. Lori E. Sims
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Dr

City Glastonbury State CT Zip Code 06033-1020

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, State Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 20150511112855-119

Amount of Each Receipt this Period
27.42

SUBTOTAL of Receipts This Page (optional)..... **285.12**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lori E. Sims		Date of Receipt
Mailing Address 66 Cooper Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Glastonbury	CT	06033-1020
FEC ID number of contributing federal political committee.		Transaction ID : 20150512102246-53
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="27.42"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Mgr II, State Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="242.04"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Onelia Ann Vera		Date of Receipt
Mailing Address 619 Oleander Dr		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Hallandale Beach	FL	33009-6531
FEC ID number of contributing federal political committee.		Transaction ID : 20150511112855-157
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="119.50"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Assoc General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1062.18"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Onelia Ann Vera		Date of Receipt
Mailing Address 619 Oleander Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Hallandale Beach	FL	33009-6531
FEC ID number of contributing federal political committee.		Transaction ID : 20150512102246-181
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="119.50"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Assoc General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1062.18"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="266.42"/>
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 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Trudy G. Vlahos		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-62
Mailing Address 730 Lakewood Ln		Amount of Each Receipt this Period 25.00
City Marquette	State MI	Zip Code 49855-9518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer BioLife Plasma L.L.C.	Occupation Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Carl Wilt		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-10
Mailing Address 38465 N Burr Oak Ln		Amount of Each Receipt this Period 25.00
City Wadsworth	State IL	Zip Code 60083-9548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance - US MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Erica A. Wolf		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : 20150512102246-215
Mailing Address 555 W Kinzie St Apt 3904		Amount of Each Receipt this Period 25.00
City Chicago	State IL	Zip Code 60654-5868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Baxter Healthcare Corporation	Occupation Group Mgr, Mkt Strategy & Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 436 Linden St

City Winnetka State IL Zip Code 60093-2514

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-159

Amount of Each Receipt this Period
 25.00

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

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

Name of Employer Baxter Healthcare Corporation Occupation VP, National & Strategic Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 20150512102246-17

Amount of Each Receipt this Period
 25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	6859.07