



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		96424.54
(b) Cash on Hand at Beginning of Reporting Period.....	108684.71	
(c) Total Receipts (from Line 19) .....	9595.72	122855.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	118280.43	219280.43
7. Total Disbursements (from Line 31).....	16500.00	117500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101780.43	101780.43
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Baxter Healthcare Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8698.26	87063.23
(ii) Unitemized .....	897.46	35792.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9595.72	122855.89
(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) .....	9595.72	122855.89
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))..... ▶	9595.72	122855.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9595.72	122855.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	14500.00	93000.00
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 .....	2000.00	24500.00
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))..	16500.00	117500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	117500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9595.72	122855.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9595.72	122855.89
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 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Gregory K. Abbott**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 Angelo Ave

City Gurnee State IL Zip Code 60031

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Healthcare Reimb

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-103**

Amount of Each Receipt this Period 20.00

**B. Gregory K. Abbott**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 Angelo Ave

City Gurnee State IL Zip Code 60031

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Healthcare Reimb

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-102**

Amount of Each Receipt this Period 20.00

**C. Norman Apostol**  
Full Name (Last, First, Middle Initial)

Mailing Address 5441 Mavis Avenue

City Whittier State CA Zip Code 90601

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

Name of Employer Baxter Healthcare Corporation Occupation Principal industrial Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-70**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 7 OF 106
	<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. Norman Apostol**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5441 Mavis Avenue  
 City Whittier State CA Zip Code 90601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Principal industrial Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-70**  
 Amount of Each Receipt this Period  
 10.00

**B. Michael J. Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5343 N Lakewood Avenue  
 City Chicago State IL Zip Code 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 ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-147**  
 Amount of Each Receipt this Period  
 100.00

**C. Michael J. Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5343 N Lakewood Avenue  
 City Chicago State IL Zip Code 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 ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-146**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Julia A. Bean</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-172</b>
Mailing Address 7731 148th Street		Amount of Each Receipt this Period 10.00
City Scotch Grove	State IA	Zip Code 52310
FEC ID number of contributing federal political committee. C	Name of Employer BioLife Plasma L.L.C.	Occupation Regional Quality Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Julia A. Bean</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-171</b>
Mailing Address 7731 148th Street		Amount of Each Receipt this Period 10.00
City Scotch Grove	State IA	Zip Code 52310
FEC ID number of contributing federal political committee. C	Name of Employer BioLife Plasma L.L.C.	Occupation Regional Quality Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey A. Beck</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-72</b>
Mailing Address 195 N. Harbor Dr. #802 Apt 802		Amount of Each Receipt this Period 10.00
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation AVP, National Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey A. Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 195 N. Harbor Dr. #802  
Apt 802

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-72**

Amount of Each Receipt this Period  
10.00

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

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

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, Mfg - LAC Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1108.44

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-166**

Amount of Each Receipt this Period  
46.50

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

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

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, Mfg - LAC Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1108.44

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-165**

Amount of Each Receipt this Period  
46.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 106
	<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. Paulo Bolgar**  
Full Name (Last, First, Middle Initial)

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 11 / 2011**  
Transaction ID : **2011120293520-164**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address Suite 1600 101 Northeast 3rd Avenue  
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 25 / 2011**  
Transaction ID : **2011121310429-163**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 22294 W. Brookside Way

City Lake Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
**11 / 11 / 2011**  
Transaction ID : **2011120293520-20**

Amount of Each Receipt this Period  
**20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 106
	<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. David L. Bonderud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22294 W. Brookside Way  
 City Lake Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-20**  
 Amount of Each Receipt this Period  
 20.00

**B. Tina M. Bova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 E. Erie Street #1804 Apt 1804  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Purchasing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-55**  
 Amount of Each Receipt this Period  
 10.00

**C. Tina M. Bova**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 E. Erie Street #1804 Apt 1804  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Purchasing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-55**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Michael Bradley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Glenview Drive  
 City State Zip Code  
 Martinez CA 94553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Healthcare Econ & Reimburs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-141**  
 Amount of Each Receipt this Period  
 10.00

**B. Michael Bradley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Glenview Drive  
 City State Zip Code  
 Martinez CA 94553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Healthcare Econ & Reimburs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-140**  
 Amount of Each Receipt this Period  
 10.00

**C. Jan M. Brase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8899 106th Ave  
 City State Zip Code  
 Pleasant Prairie WI 53158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, Marketing  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-48**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 106  
(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. Jan M. Brase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8899 106th Ave  
 City Pleasant Prairie State WI Zip Code 53158  
 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 ▼ 340.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-48**  
 Amount of Each Receipt this Period 20.00

**B. Katrina Britton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1250 Graynold Ave.  
 City Glendale State CA Zip Code 91202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.12

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-116**  
 Amount of Each Receipt this Period 11.25

**C. Katrina Britton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1250 Graynold Ave.  
 City Glendale State CA Zip Code 91202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.12

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-115**  
 Amount of Each Receipt this Period 11.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Susan K. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1556.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-15**

Amount of Each Receipt this Period  
65.53

**B. Susan K. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1556.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-15**

Amount of Each Receipt this Period  
65.53

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

Mailing Address 1091 Pine Meadow Ct

City Vernon Hills State IL Zip Code 60061

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1299.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-156**

Amount of Each Receipt this Period  
54.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.54

**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 15 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
 Vernon Hills IL 60061

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1299.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-155**

Amount of Each Receipt this Period  
**54.48**

Full Name (Last, First, Middle Initial)  
**B. Joseph J. Burkard**

Mailing Address 1102 W ALEXANDRIA ST

City State Zip Code  
 ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Director of IT Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-69**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Joseph J. Burkard**

Mailing Address 1102 W ALEXANDRIA ST

City State Zip Code  
 ARLINGTON HEIGHTS IL 60004

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Director of IT Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-69**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **74.48**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 106  
(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**

Full Name (Last, First, Middle Initial)  
**A. Sandra Canavaggio**

Mailing Address 555 Vernon Lane

City State Zip Code  
 Buffalo Grove IL 60089

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr, Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-91**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Sandra Canavaggio**

Mailing Address 555 Vernon Lane

City State Zip Code  
 Buffalo Grove IL 60089

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr, Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-91**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 1721 Dewes Street

City State Zip Code  
 Glenview IL 60025

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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-155**

Amount of Each Receipt this Period  
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 OF 106  
(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. Lauren Marie Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1721 Dewes Street  
 City State Zip Code  
 Glenview IL 60025  
 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 ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-154**  
 Amount of Each Receipt this Period  
 25.00

**B. Ronald D. Chase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1090 Medford Road  
 City State Zip Code  
 Pasadena CA 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Information Technology  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-24**  
 Amount of Each Receipt this Period  
 25.00

**C. Ronald D. Chase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1090 Medford Road  
 City State Zip Code  
 Pasadena CA 91107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Information Technology  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-24**  
 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 18 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Eileen Cherry Clark**

Mailing Address 120 Roslyn Rd.

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation BCU, Sr Relationship Manager
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-82**

Amount of Each Receipt this Period  

10.00
-------

Full Name (Last, First, Middle Initial)  
**B. Eileen Cherry Clark**

Mailing Address 120 Roslyn Rd.

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation BCU, Sr Relationship Manager
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : 2011121310429-82**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 5313 Abbey Drive

City McHenry	State IL	Zip Code 60050
-----------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Structure Elucidation
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-10**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 5313 Abbey Drive

City State Zip Code  
 McHenry IL 60050

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Dir, Structure Elucidation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-10**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Anthony Ciganek**

Mailing Address 233 Heath Ct

City State Zip Code  
 Barrington IL 60010

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Director, Engineering

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-4**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**c. Anthony Ciganek**

Mailing Address 233 Heath Ct

City State Zip Code  
 Barrington IL 60010

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Director, Engineering

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-4**

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 20 OF 106
	<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. Brian W. Clements**  
Full Name (Last, First, Middle Initial)  
Mailing Address 109 Juniper Way  
City Lake Villa State IL Zip Code 60046  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Strategic Initiatives  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-7**  
Amount of Each Receipt this Period  
15.00

**B. Brian W. Clements**  
Full Name (Last, First, Middle Initial)  
Mailing Address 109 Juniper Way  
City Lake Villa State IL Zip Code 60046  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Strategic Initiatives  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-7**  
Amount of Each Receipt this Period  
15.00

**C. Mark Coin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1006 S Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 888.51

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-118**  
Amount of Each Receipt this Period  
42.31

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.31  
**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 21 OF 106
	<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. Mark Coin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1006 S Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **888.51**

Date of Receipt **11 / 25 / 2011**  
**Transaction ID : 2011121310429-117**  
Amount of Each Receipt this Period **42.31**

**B. Sarah L. Creviston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Wynstone Way  
City North Barrington State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **2627.94**

Date of Receipt **11 / 11 / 2011**  
**Transaction ID : 2011120293520-126**  
Amount of Each Receipt this Period **110.56**

**C. Sarah L. Creviston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Wynstone Way  
City North Barrington State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **2627.94**

Date of Receipt **11 / 25 / 2011**  
**Transaction ID : 2011121310429-125**  
Amount of Each Receipt this Period **110.56**

**SUBTOTAL** of Receipts This Page (optional)..... **263.43**  
**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: (check only one)	PAGE 22 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Margarita Cruz-casse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Calle Guama #70 Mansiones Los Cedr  
 City Cayey State PR Zip Code 00736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Occupation Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1272.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-184**  
 Amount of Each Receipt this Period  
 54.51

**B. Margarita Cruz-casse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Calle Guama #70 Mansiones Los Cedr  
 City Cayey State PR Zip Code 00736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Occupation Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1272.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-183**  
 Amount of Each Receipt this Period  
 54.51

**c. Charles W. Cush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 North Webster Street  
 City Naperville State IL Zip Code 60563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-110**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	119.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 106
<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. Charles W. Cush**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 North Webster Street

City Naperville State IL Zip Code 60563

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-109**

Amount of Each Receipt this Period 100.00

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

Mailing Address 17525 Cottonwood Ct

City Grayslake State IL Zip Code 60030

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-54**

Amount of Each Receipt this Period 20.00

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

Mailing Address 17525 Cottonwood Ct

City Grayslake State IL Zip Code 60030

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-54**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Salvatore S. Dadouche</b>		Date of Receipt
Mailing Address 868 Interlaken Dr		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Zurich	IL	60047
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011120293520-21</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	VP, Comp, Benefits & HR Ops	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Salvatore S. Dadouche</b>		Date of Receipt
Mailing Address 868 Interlaken Dr		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Zurich	IL	60047
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011121310429-21</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	VP, Comp, Benefits & HR Ops	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Robert M. Davis</b>		Date of Receipt
Mailing Address 21515 Hummingbird Court		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Kildeer	IL	60047
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011120293520-41</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	CVP, President - Med Products	<input type="text" value="187.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4442.32"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="227.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 21515 Hummingbird Court

City State Zip Code  
Kildeer IL 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
4442.32

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-41**

Amount of Each Receipt this Period  
187.50

**B. Frances J. Deblasio**  
Full Name (Last, First, Middle Initial)

Mailing Address 480 Elder Lane

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-81**

Amount of Each Receipt this Period  
10.00

**C. Frances J. Deblasio**  
Full Name (Last, First, Middle Initial)

Mailing Address 480 Elder Lane

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-81**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.50

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

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

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

FOR LINE NUMBER: PAGE 26 OF 106  
(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. Barry M. Deutsch**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1090.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-89**  
 Amount of Each Receipt this Period  
 45.70

**B. Barry M. Deutsch**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1090.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-89**  
 Amount of Each Receipt this Period  
 45.70

**c. Angel L. Egipciano-Lassalle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rockwood Apartments 16625 Foothill (Fair Oaks Ranch)  
 City Sylmar State CA Zip Code 91342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Controller II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-138**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.40  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 106
	<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. Angel L. Egipciaco-Lassalle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rockwood Apartments 16625 Foothill  
 (Fair Oaks Ranch)  
 City Sylmar State CA Zip Code 91342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Controller II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-137**  
 Amount of Each Receipt this Period  
 25.00

**B. Carlos Humberto Escobar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1886 NW 140th Terrace  
 City Pembroke Pines State FL Zip Code 33028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Export Corporation Occupation Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-165**  
 Amount of Each Receipt this Period  
 10.00

**C. Carlos Humberto Escobar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1886 NW 140th Terrace  
 City Pembroke Pines State FL Zip Code 33028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Export Corporation Occupation Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-164**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 106
	<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. Paul D. Estrem**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Clarewood Circle

City Grayslake State IL Zip Code 60030

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-37**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 325 Clarewood Circle

City Grayslake State IL Zip Code 60030

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-37**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-149**

Amount of Each Receipt this Period  
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-148**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Michelle K. Fedunyszyn**

Mailing Address 4716 N. Lamon Ave.

City Chicago State IL Zip Code 60630

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-62**

Amount of Each Receipt this Period  
**23.86**

Full Name (Last, First, Middle Initial)  
**C. Michelle K. Fedunyszyn**

Mailing Address 4716 N. Lamon Ave.

City Chicago State IL Zip Code 60630

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-62**

Amount of Each Receipt this Period  
**23.86**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **72.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Alan E. Freedlund</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-68</b>
Mailing Address 746 S. River Rd		Amount of Each Receipt this Period 12.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>B. Alan E. Freedlund</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-68</b>
Mailing Address 746 S. River Rd		Amount of Each Receipt this Period 12.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>C. Kelly L. Fuller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-97</b>
Mailing Address 601 Silverstone Drive		Amount of Each Receipt this Period 10.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Pharmacy Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kelly L. Fuller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-96</b>
Mailing Address 601 Silverstone Drive		Amount of Each Receipt this Period 400.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Pharmacy Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Guy G. Fusco</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-160</b>
Mailing Address Baxter Expatriate Admin PO Box 747 Baxter Expatriate Admin		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Guy G. Fusco</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-159</b>
Mailing Address Baxter Expatriate Admin PO Box 747 Baxter Expatriate Admin		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 106  
(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. Valery E. Gallagher**  
 Full Name (Last, First, Middle Initial)  
 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 Corporation Dir, State Government Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1880.82

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-59**  
 Amount of Each Receipt this Period  
 78.85

**B. Valery E. Gallagher**  
 Full Name (Last, First, Middle Initial)  
 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 Corporation Dir, State Government Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1880.82

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-59**  
 Amount of Each Receipt this Period  
 78.85

**C. Zhanna Gevorkian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1640 Camulos Avenue  
 City State Zip Code  
 Glendale CA 91208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr II, Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 264.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-76**  
 Amount of Each Receipt this Period  
 11.10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 168.80  
**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: PAGE 33 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Zhanna Gevorkian**

Mailing Address 1640 Camulos Avenue

City State Zip Code  
 Glendale CA 91208

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr II, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 264.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-76**

Amount of Each Receipt this Period  
 11.10

Full Name (Last, First, Middle Initial)  
**B. John J. Gibbons**

Mailing Address 1242 N. Lake Shore Drive

City State Zip Code  
 Chicago IL 60610

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr, Region

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-88**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**c. John J. Gibbons**

Mailing Address 1242 N. Lake Shore Drive

City State Zip Code  
 Chicago IL 60610

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr, Region

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-88**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31.10

**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: (check only one)	PAGE 34 OF 106
	<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. Arthur J. Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3775 Riverly Trace

City Marietta	State GA	Zip Code 30067
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1354.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-49**

Amount of Each Receipt this Period  

56.85
-------

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

Mailing Address 3775 Riverly Trace

City Marietta	State GA	Zip Code 30067
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1354.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : 2011121310429-49**

Amount of Each Receipt this Period  

56.85
-------

**C. Daniel Goitein**  
Full Name (Last, First, Middle Initial)

Mailing Address 565 Kimer

City Crystal Lake	State IL	Zip Code 60012
----------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Group Marketing Manager
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-65**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Daniel Goitein**

Mailing Address 565 Kimer

City State Zip Code  
 Crystal Lake IL 60012

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Group Marketing Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-65**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. 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 Corporation Sr Dir, Clinical Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-93**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**c. 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 Corporation Sr Dir, Clinical Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-93**

Amount of Each Receipt this Period  
 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Tara L. Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3408 Linneman  
City Glenview State IL Zip Code 60025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-112**  
Amount of Each Receipt this Period 15.00

**B. Tara L. Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3408 Linneman  
City Glenview State IL Zip Code 60025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-111**  
Amount of Each Receipt this Period 15.00

**C. William J. Gresham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 909 Clinton Place  
City River Forest State IL Zip Code 60305  
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 ▼ 600.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-158**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 909 Clinton Place

City River Forest State IL Zip Code 60305

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-157**

Amount of Each Receipt this Period  
**25.00**

**B. Peter M. Grubin**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-162**

Amount of Each Receipt this Period  
**10.00**

**C. Peter M. Grubin**  
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-161**

Amount of Each Receipt this Period  
**10.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 106
	<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. Suzann Hammel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 33rd Avenue

City Kenosha	State WI	Zip Code 53144
-----------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr Mgr, Clinical Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-57**

Amount of Each Receipt this Period  
10.00

**B. Suzann Hammel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 33rd Avenue

City Kenosha	State WI	Zip Code 53144
-----------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr Mgr, Clinical Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : 2011121310429-57**

Amount of Each Receipt this Period  
10.00

**C. James Allen Harmon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2634 Springbrook Court

City Thousand Oaks	State CA	Zip Code 91362
-----------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-9**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. James Allen Harmon**

Mailing Address 2634 Springbrook Court

City State Zip Code  
Thousand Oaks CA 91362

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

Name of Employer Occupation  
Baxter Healthcare Corporation VP II, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-9**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. 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 Corporation Sr Director, New Product Intro

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1611.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-75**

Amount of Each Receipt this Period  
67.61

Full Name (Last, First, Middle Initial)  
**c. 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 Corporation Sr Director, New Product Intro

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1611.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-75**

Amount of Each Receipt this Period  
67.61

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 106
	<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. Leslie J. Herzog**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Moseley Rd.

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **795.18**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-98**

Amount of Each Receipt this Period  

33.36
-------

**B. Leslie J. Herzog**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Moseley Rd.

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **795.18**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : 2011121310429-97**

Amount of Each Receipt this Period  

33.36
-------

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

Mailing Address 2100 Ovaltine Court Apartment 119  
Unit 119

City Villa Park	State IL	Zip Code 60181
--------------------	-------------	-------------------

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

Name of Employer BioLife Plasma L.L.C.	Occupation Quality Assoc II
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-176**

Amount of Each Receipt this Period  

11.56
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>78.28</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 106
	<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. Michael T. Himes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Ovaltine Court Apartment 119  
Unit 119

City Villa Park State IL Zip Code 60181

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

Name of Employer BioLife Plasma L.L.C. Occupation Quality Assoc II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.40

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-175**

Amount of Each Receipt this Period  
11.56

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

Mailing Address 126 Homewood Avenue

City Libertyville State IL Zip Code 60048

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 ▼  
600.00

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-146**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 126 Homewood Avenue

City Libertyville State IL Zip Code 60048

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 ▼  
600.00

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-145**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 106
	<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. Irene P. Jakimcius**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2049.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-150**

Amount of Each Receipt this Period  
**85.98**

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

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2049.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-149**

Amount of Each Receipt this Period  
**85.98**

**C. Jean M. Jans**  
Full Name (Last, First, Middle Initial)

Mailing Address 1568 RFD

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation VP I, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.90**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-143**

Amount of Each Receipt this Period  
**48.09**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **220.05**

**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 43 OF 106  
(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. Jean M. Jans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1568 RFD  
 City Lake Zurich State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation VP I, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-142**  
 Amount of Each Receipt this Period  
 48.09

**B. Michael T. Jennings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 W Lincoln Ave  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 963.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-128**  
 Amount of Each Receipt this Period  
 40.41

**C. Michael T. Jennings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 W Lincoln Ave  
 City Libertyville State IL Zip Code 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 963.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-127**  
 Amount of Each Receipt this Period  
 40.41

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.91  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2322 Central Park Ave.

City Evanston State IL Zip Code 60201

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-139**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 2322 Central Park Ave.

City Evanston State IL Zip Code 60201

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-138**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address Baxter Expat Admin PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-161**

Amount of Each Receipt this Period  
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address **Baxter Expat Admin PO Box 747**  
**Baxter Expat Admin**

City **Deerfield** State **IL** Zip Code **60015**

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

Name of Employer **Baxter World Trade Corporation** Occupation **Away on Assignment**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-160**

Amount of Each Receipt this Period  
**25.00**

**B. Julie S. Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address **252 Franklin Road**

City **Glencoe** State **IL** Zip Code **60022**

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

Name of Employer **Baxter Healthcare Corporation** Occupation **GFH, BioTherapeutics**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.28**

Date of Receipt  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-131**

Amount of Each Receipt this Period  
**53.85**

**C. Julie S. Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address **252 Franklin Road**

City **Glencoe** State **IL** Zip Code **60022**

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

Name of Employer **Baxter Healthcare Corporation** Occupation **GFH, BioTherapeutics**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.28**

Date of Receipt  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-130**

Amount of Each Receipt this Period  
**53.85**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **132.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Marie G. Kissel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-163</b>
Mailing Address Baxter Expat Admin PO Box 747 Baxter Expat Admin		Amount of Each Receipt this Period 86.54
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1987.65	

Full Name (Last, First, Middle Initial) <b>B. Marie G. Kissel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-162</b>
Mailing Address Baxter Expat Admin PO Box 747 Baxter Expat Admin		Amount of Each Receipt this Period 86.54
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1987.65	

Full Name (Last, First, Middle Initial) <b>c. Helena M. Klumpp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-154</b>
Mailing Address 2308 Isabella St.		Amount of Each Receipt this Period 20.00
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter International Inc.	Occupation Senior Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	193.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 106
	<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. Helena M. Klumpp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Isabella St.  
 City Evanston State IL Zip Code 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Senior Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-153**  
 Amount of Each Receipt this Period  
 20.00

**B. Thomas K. Kroeger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12538 Landeck Road  
 City Delphos State OH Zip Code 45833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Division Quality Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-171**  
 Amount of Each Receipt this Period  
 9.76

**C. Thomas K. Kroeger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12538 Landeck Road  
 City Delphos State OH Zip Code 45833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Division Quality Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-170**  
 Amount of Each Receipt this Period  
 9.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.52  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 106
	<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. Brian J. LaMarca**  
Full Name (Last, First, Middle Initial)

Mailing Address 2261 Zach Scott St

City Austin State TX Zip Code 78723

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **619.14**

Date of Receipt **11 / 11 / 2011**  
**Transaction ID : 2011120293520-173**

Amount of Each Receipt this Period **25.97**

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

Mailing Address 2261 Zach Scott St

City Austin State TX Zip Code 78723

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **619.14**

Date of Receipt **11 / 25 / 2011**  
**Transaction ID : 2011121310429-172**

Amount of Each Receipt this Period **25.97**

**C. Edward Leonard Lamb**  
Full Name (Last, First, Middle Initial)

Mailing Address 1072 South Rockwell St

City Gilbert State AZ Zip Code 85296

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 11 / 2011**  
**Transaction ID : 2011120293520-33**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **61.94**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Edward Leonard Lamb**  
Full Name (Last, First, Middle Initial)

Mailing Address 1072 South Rockwell St

City Gilbert State AZ Zip Code 85296

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-33**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sls Excellence- BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-2**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 450 East Waterside Drive Unit 1702  
Unit 1702

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sls Excellence- BioScience

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-2**

Amount of Each Receipt this Period  
75.00

**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 50 OF 106
	<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. Betty D. Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 21334 Andover Road

City State Zip Code  
Kildeer IL 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1188.48**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-115**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 21334 Andover Road

City State Zip Code  
Kildeer IL 60047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1188.48**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-114**

Amount of Each Receipt this Period  
**50.00**

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1653.68**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-123**

Amount of Each Receipt this Period  
**72.12**

**SUBTOTAL** of Receipts This Page (optional)..... **172.12**

**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 51 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
Baxter Healthcare Corporation VP, Mfg & SC - Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1653.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-122**

Amount of Each Receipt this Period  
72.12

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

Mailing Address 319 E. Vincent Ct.

City State Zip Code  
Lake Bluff IL 60044

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-107**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 319 E. Vincent Ct.

City State Zip Code  
Lake Bluff IL 60044

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-106**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3140 creswell dr

City falls church State VA Zip Code 22044

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-95**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 3140 creswell dr

City falls church State VA Zip Code 22044

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-94**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 758 Cranmont Court

City Simi Valley State CA Zip Code 93065

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-28**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 106
	<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. Josephine M. Li-McLeod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 758 Cranmont Court  
 City Simi Valley State CA Zip Code 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-28**  
 Amount of Each Receipt this Period 25.00

**B. Ronald K. Lloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 W. Delaware Pl #2603 Unit 2603  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation GM, US BioScience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-34**  
 Amount of Each Receipt this Period 50.00

**C. Ronald K. Lloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 W. Delaware Pl #2603 Unit 2603  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation GM, US BioScience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-34**  
 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 54 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

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

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-99**

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

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

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-98**

Amount of Each Receipt this Period  
 15.00

**C. Tracy L. Luncsford**  
Full Name (Last, First, Middle Initial)

Mailing Address 2332 Eastview

City Des Plaines State IL Zip Code 60018

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Contract Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-73**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 55 OF 106  
(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. Tracy L. Luncsford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2332 Eastview  
 City State Zip Code  
 Des Plaines IL 60018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Contract Analyst  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-73**  
 Amount of Each Receipt this Period  
 10.00

**B. Matthew A. Lykken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 Wellington Drive  
 City State Zip Code  
 Duncanville TX 75137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Tax Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-119**  
 Amount of Each Receipt this Period  
 25.00

**C. Matthew A. Lykken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 Wellington Drive  
 City State Zip Code  
 Duncanville TX 75137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Tax Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-118**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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 ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-108**

Amount of Each Receipt this Period  
**30.00**

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

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 ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-107**

Amount of Each Receipt this Period  
**30.00**

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

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, Mfg Strategy- Med Products
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1023.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-18**

Amount of Each Receipt this Period  
**41.26**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>101.26</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 106
	<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. Michael E. Martin**  
Full Name (Last, First, Middle Initial)

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, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1023.66**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-18**

Amount of Each Receipt this Period  
**41.26**

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

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 ▼ **4315.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-152**

Amount of Each Receipt this Period  
**180.77**

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

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 ▼ **4315.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-151**

Amount of Each Receipt this Period  
**180.77**

**SUBTOTAL** of Receipts This Page (optional)..... **402.80**

**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 58 OF 106
	<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. Kevin K. McCulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Greenwood Ave  
 City Wilmette State IL Zip Code 60091-1748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation GFH, Fluid Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-121**  
 Amount of Each Receipt this Period  
 10.00

**B. Kevin K. McCulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Greenwood Ave  
 City Wilmette State IL Zip Code 60091-1748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation GFH, Fluid Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-120**  
 Amount of Each Receipt this Period  
 10.00

**C. Daniel S. McRae**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2965 Redding Road  
 City Atlanta State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-50**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 106
	<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. Daniel S. McRae**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2965 Redding Road  
 City Atlanta State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-50**  
 Amount of Each Receipt this Period  
 25.00

**B. John K. McVey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 Longwood Road  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-167**  
 Amount of Each Receipt this Period  
 25.00

**C. John K. McVey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 Longwood Road  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-166**  
 Amount of Each Receipt this Period  
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Donna Ann Meyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 215

City Mountain Home	State AR	Zip Code 72654
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 ▼ 240.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-53**

Amount of Each Receipt this Period  
10.00

**B. Donna Ann Meyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 215

City Mountain Home	State AR	Zip Code 72654
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 ▼ 240.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-53**

Amount of Each Receipt this Period  
10.00

**C. Barbara E. Morris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 924 N. Saratoga Dr.

City Palatine	State IL	Zip Code 60074
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, HR - Global Functions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-19**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 106
	<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. Barbara E. Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 924 N. Saratoga Dr.

City Palatine State IL Zip Code 60074

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 25 / 2011**

**Transaction ID : 2011121310429-19**

Amount of Each Receipt this Period **10.00**

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

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **735.12**

Date of Receipt **11 / 11 / 2011**

**Transaction ID : 2011120293520-122**

Amount of Each Receipt this Period **30.84**

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

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **735.12**

Date of Receipt **11 / 25 / 2011**

**Transaction ID : 2011121310429-121**

Amount of Each Receipt this Period **30.84**

**SUBTOTAL** of Receipts This Page (optional)..... **71.68**

**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 62 OF 106
<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. Shaun T. Newlon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7211 Millburne Ct.  
City Bull Valley State IL Zip Code 60050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - US Med Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-14**  
Amount of Each Receipt this Period  
10.00

**B. Shaun T. Newlon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7211 Millburne Ct.  
City Bull Valley State IL Zip Code 60050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - US Med Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-14**  
Amount of Each Receipt this Period  
10.00

**C. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 791 Summit Avenue  
City Lake Forest State IL Zip Code 60045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-140**  
Amount of Each Receipt this Period  
45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 106
	<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. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 791 Summit Avenue

City Lake Forest State IL Zip Code 60045

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-139**

Amount of Each Receipt this Period  
 45.00

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

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-83**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-83**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 64 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey Parke**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 Center Rd

City Ozark State MO Zip Code 65721

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-174**

Amount of Each Receipt this Period  
**10.00**

**B. Jeffrey Parke**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 Center Rd

City Ozark State MO Zip Code 65721

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-173**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 1933 Oaktree Trl.

City Lake Villa State IL Zip Code 60046

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

Name of Employer Baxter Healthcare Corporation Occupation Director, LCM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-64**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 65 OF 106
	<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. Timothy J. Pasternak**  
Full Name (Last, First, Middle Initial)

Mailing Address 1933 Oaktree Trl.

City Lake Villa	State IL	Zip Code 60046
--------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Director, LCM
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : 2011121310429-64**

Amount of Each Receipt this Period  

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

**10.00**

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

Mailing Address 9078 Brook Ford Road

City Burke	State VA	Zip Code 22015
---------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : 2011120293520-106**

Amount of Each Receipt this Period  

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

**25.00**

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

Mailing Address 9078 Brook Ford Road

City Burke	State VA	Zip Code 22015
---------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : 2011121310429-105**

Amount of Each Receipt this Period  

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 66 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Steven M. Pieper**

Mailing Address 4241 N Leavitt

City Chicago      State IL      Zip Code 60618

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

Name of Employer BioLife Plasma L.L.C.      Occupation Mgr II, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-169**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Steven M. Pieper**

Mailing Address 4241 N Leavitt

City Chicago      State IL      Zip Code 60618

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

Name of Employer BioLife Plasma L.L.C.      Occupation Mgr II, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-168**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 3933 Kenway Avenue

City Los Angeles      State CA      Zip Code 90008

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

Name of Employer Baxter Healthcare Corporation      Occupation Sr Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1404.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-117**

Amount of Each Receipt this Period  
 58.90

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Carla D. Pittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3933 Kenway Avenue  
 City Los Angeles State CA Zip Code 90008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1404.96

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-116**  
 Amount of Each Receipt this Period 58.90

**B. Michelle A. Prier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 S.Delphia Avenue  
 City Park Ridge State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Mktg Exc - BioScience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-40**  
 Amount of Each Receipt this Period 10.00

**C. Michelle A. Prier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 S.Delphia Avenue  
 City Park Ridge State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Mktg Exc - BioScience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-40**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 68 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 6655 Bobby Jones Ct

City Palmetto      State FL      Zip Code 34221

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

Name of Employer Baxter Healthcare Corporation      Occupation Mgr II, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **836.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-23**

Amount of Each Receipt this Period  
**35.07**

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

Mailing Address 6655 Bobby Jones Ct

City Palmetto      State FL      Zip Code 34221

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

Name of Employer Baxter Healthcare Corporation      Occupation Mgr II, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **836.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-23**

Amount of Each Receipt this Period  
**35.07**

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

Mailing Address 525 Trestle Court

City Grayslake      State IL      Zip Code 60030

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

Name of Employer Baxter Healthcare Corporation      Occupation VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-25**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **90.14**

**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: PAGE 69 OF 106  
(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. Joseph A. Pudlo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 Trestle Court  
 City Grayslake State IL Zip Code 60030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-25**  
 Amount of Each Receipt this Period 20.00

**B. Julie A. Quick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3223 Epstein Circle  
 City Mundelein State IL Zip Code 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Sr Mgr, Reg Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 533.82

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-183**  
 Amount of Each Receipt this Period 22.40

**c. Julie A. Quick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3223 Epstein Circle  
 City Mundelein State IL Zip Code 60060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Sr Mgr, Reg Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 533.82

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-182**  
 Amount of Each Receipt this Period 22.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.80  
**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 70 OF 106
	<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. Janet L. Raciti**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-26**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-26**

Amount of Each Receipt this Period  
**40.00**

**C. Philip D. Rackliffe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 McClellan Drive

City Lindenhurst State IL Zip Code 60046

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt - Nutrition

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-67**

Amount of Each Receipt this Period  
**10.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 106
	<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. Philip D. Rackliffe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 McClellan Drive

City Lindenhurst State IL Zip Code 60046

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt - Nutrition

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-67**

Amount of Each Receipt this Period  
 10.00

**B. G. Joseph Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 1677 Greene Ridge Drive

City Naperville State IL Zip Code 60565

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Research Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011

**Transaction ID : 2011120293520-71**

Amount of Each Receipt this Period  
 10.00

**C. G. Joseph Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 1677 Greene Ridge Drive

City Naperville State IL Zip Code 60565

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Research Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-71**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey G. Reading</b>		Date of Receipt
Mailing Address 2421 Pawnee Crossing		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edmond	OK	73034
FEC ID number of contributing federal political committee.		Transaction ID : <b>2011120293520-181</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
BioLife Plasma L.L.C.	Dir, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey G. Reading</b>		Date of Receipt
Mailing Address 2421 Pawnee Crossing		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code
Edmond	OK	73034
FEC ID number of contributing federal political committee.		Transaction ID : <b>2011121310429-180</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
BioLife Plasma L.L.C.	Dir, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Darwin Richardson</b>		Date of Receipt
Mailing Address 3927 Corte Cancion		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Thousand Oaks	CA	91360
FEC ID number of contributing federal political committee.		Transaction ID : <b>2011120293520-39</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Plant Manager II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 73 OF 106  
(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. Darwin Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3927 Corte Cancion  
 City Thousand Oaks State CA Zip Code 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Plant Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-39**  
 Amount of Each Receipt this Period  
 20.00

**B. Amanda L. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6250 12th St  
 City Kenosha State WI Zip Code 53144  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-85**  
 Amount of Each Receipt this Period  
 10.00

**C. Amanda L. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6250 12th St  
 City Kenosha State WI Zip Code 53144  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-85**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 74 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Fredrick D. Ruda**

Mailing Address 1316 Ashland Ave.

City Wilmette      State IL      Zip Code 60091

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

Name of Employer Baxter Healthcare Corporation      Occupation Dir, Finance Baxter Capital

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**11 / 11 / 2011**  
**Transaction ID : 2011120293520-38**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Fredrick D. Ruda**

Mailing Address 1316 Ashland Ave.

City Wilmette      State IL      Zip Code 60091

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

Name of Employer Baxter Healthcare Corporation      Occupation Dir, Finance Baxter Capital

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**11 / 25 / 2011**  
**Transaction ID : 2011121310429-38**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 27928 Periwinkle Lane

City Valencia      State CA      Zip Code 91354

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 ▼ **819.24**

Date of Receipt  
**11 / 11 / 2011**  
**Transaction ID : 2011120293520-124**

Amount of Each Receipt this Period  
**34.40**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **54.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 27928 Periwinkle Lane

City Valencia State CA Zip Code 91354

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 ▼ **819.24**

Date of Receipt **11 / 25 / 2011**

**Transaction ID : 2011121310429-123**

Amount of Each Receipt this Period **34.40**

**B. Molly N. Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 10517 Joyceton Drive

City Upper Marlboro State MD Zip Code 20774

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Federal Govt Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **11 / 11 / 2011**

**Transaction ID : 2011120293520-133**

Amount of Each Receipt this Period **20.00**

**c. Molly N. Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 10517 Joyceton Drive

City Upper Marlboro State MD Zip Code 20774

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Federal Govt Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **11 / 25 / 2011**

**Transaction ID : 2011121310429-132**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **74.40**

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

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

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

FOR LINE NUMBER: PAGE 76 OF 106  
(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. Roibin Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1419 W Berteau  
 City Chicago State IL Zip Code 60613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2509.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-151**  
 Amount of Each Receipt this Period  
 105.46

**B. Roibin Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1419 W Berteau  
 City Chicago State IL Zip Code 60613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2509.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-150**  
 Amount of Each Receipt this Period  
 105.46

**C. Kaissar Saade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18522 Roslin Ave  
 City Torrance State CA Zip Code 90504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 419.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-58**  
 Amount of Each Receipt this Period  
 17.57

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.49  
**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 77 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kaissar Saade</b>		Date of Receipt
Mailing Address 18522 Roslin Ave		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code
Torrance	CA	90504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011121310429-58</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Principal Engineer	<input type="text" value="17.57"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="419.10"/>	

Full Name (Last, First, Middle Initial) <b>B. James K. Saccaro</b>		Date of Receipt
Mailing Address 915 Ash Street		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Winnetka	IL	60093
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011120293520-159</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter International Inc.	CVP, Treasurer	<input type="text" value="69.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1620.66"/>	

Full Name (Last, First, Middle Initial) <b>C. James K. Saccaro</b>		Date of Receipt
Mailing Address 915 Ash Street		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code
Winnetka	IL	60093
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2011121310429-158</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter International Inc.	CVP, Treasurer	<input type="text" value="69.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1620.66"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="156.03"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ashish Sagrolikar</b>		Date of Receipt
Mailing Address 1012 Alden Lane		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City State Zip Code Buffalo Grove IL 60089		<b>Transaction ID : 2011120293520-130</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Baxter Healthcare Corporation VP, SIs & Mkt - US Hemophilia		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ashish Sagrolikar</b>		Date of Receipt
Mailing Address 1012 Alden Lane		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City State Zip Code Buffalo Grove IL 60089		<b>Transaction ID : 2011121310429-129</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Baxter Healthcare Corporation VP, SIs & Mkt - US Hemophilia		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>c. David P. Scharf</b>		Date of Receipt
Mailing Address 931 Oak Street		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City State Zip Code Winnetka IL 60093		<b>Transaction ID : 2011120293520-148</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Baxter International Inc. CVP, General Counsel		<input type="text" value="105.77"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2480.80"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="135.77"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 106
	<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. David P. Scharf**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

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 ▼ 2480.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-147**

Amount of Each Receipt this Period  
 105.77

**B. Jessica A. Schreiner-Donnelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 453 Gilbert Ave.

City Eau Claire State WI Zip Code 54701

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

Name of Employer BioLife Plasma L.L.C. Occupation Mgr I, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-178**

Amount of Each Receipt this Period  
 10.00

**C. Jessica A. Schreiner-Donnelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 453 Gilbert Ave.

City Eau Claire State WI Zip Code 54701

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

Name of Employer BioLife Plasma L.L.C. Occupation Mgr I, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-177**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.77
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph V. Schwan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1414 Laburnum Street

City McLean State VA Zip Code 22101

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-105**

Amount of Each Receipt this Period  
**10.00**

**B. Joseph V. Schwan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1414 Laburnum Street

City McLean State VA Zip Code 22101

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-104**

Amount of Each Receipt this Period  
**10.00**

**C. Keith W. Scruggs**  
Full Name (Last, First, Middle Initial)

Mailing Address Dir. Engineering 419 Willow Glen C  
Dir. Engineering

City Simi Valley State CA Zip Code 93065

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-42**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 81 OF 106
	<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. Keith W. Scruggs**  
Full Name (Last, First, Middle Initial)

Mailing Address Dir. Engineering 419 Willow Glen C  
Dir. Engineering

City State Zip Code  
Simi Valley CA 93065

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-42**

Amount of Each Receipt this Period  
10.00

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

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 Corporation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1502.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-3**

Amount of Each Receipt this Period  
63.15

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

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 Corporation VP, Mfg Strategy- Med Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1502.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-3**

Amount of Each Receipt this Period  
63.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19 Cochran View Drive

City Marion State NC Zip Code 28752

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

Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **335.30**

Date of Receipt **11 / 11 / 2011**  
**Transaction ID : 2011120293520-74**

Amount of Each Receipt this Period **11.27**

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

Mailing Address 19 Cochran View Drive

City Marion State NC Zip Code 28752

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

Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **335.30**

Date of Receipt **11 / 25 / 2011**  
**Transaction ID : 2011121310429-74**

Amount of Each Receipt this Period **16.91**

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

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, Hemophilia

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1507.92**

Date of Receipt **11 / 11 / 2011**  
**Transaction ID : 2011120293520-135**

Amount of Each Receipt this Period **63.26**

**SUBTOTAL** of Receipts This Page (optional)..... **91.44**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, Hemophilia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1507.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-134**

Amount of Each Receipt this Period  
 63.26

**B. Shelley M. Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 6145 N. Sheridan Rd. Unit 16A  
Unit 16A

City Chicago State IL Zip Code 60660

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-44**

Amount of Each Receipt this Period  
 10.00

**C. Shelley M. Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 6145 N. Sheridan Rd. Unit 16A  
Unit 16A

City Chicago State IL Zip Code 60660

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-44**

Amount of Each Receipt this Period  
 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 OF 106 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 1013 Windhaven Road

City State Zip Code  
Libertyville IL 60048

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

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

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  
11 / 11 / 2011  
**Transaction ID : 2011120293520-129**

Amount of Each Receipt this Period  
15.00

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

Mailing Address 1013 Windhaven Road

City State Zip Code  
Libertyville IL 60048

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

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

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  
11 / 25 / 2011  
**Transaction ID : 2011121310429-128**

Amount of Each Receipt this Period  
15.00

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

Mailing Address 66 Cooper Drive

City State Zip Code  
Glastonbury CT 06033

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.64

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-84**

Amount of Each Receipt this Period  
23.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 106
	<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. Lori E. Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Drive

City Glastonbury State CT Zip Code 06033

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 ▼ **560.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-84**

Amount of Each Receipt this Period  
**23.52**

**B. John Sisto**  
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Stonybrook Dr

City Anaheim State CA Zip Code 92804

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-52**

Amount of Each Receipt this Period  
**10.00**

**C. John Sisto**  
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Stonybrook Dr

City Anaheim State CA Zip Code 92804

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-52**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>43.52</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Deirdre M. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 Addison Road

City Riverside State IL Zip Code 60546

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Fluid Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 11 / 2011**

**Transaction ID : 2011120293520-104**

Amount of Each Receipt this Period **10.00**

**B. Deirdre M. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 Addison Road

City Riverside State IL Zip Code 60546

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Fluid Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 25 / 2011**

**Transaction ID : 2011121310429-103**

Amount of Each Receipt this Period **10.00**

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

Mailing Address 1555 Stratford

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter International Inc. Occupation Dir, Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **368.70**

Date of Receipt **11 / 11 / 2011**

**Transaction ID : 2011120293520-153**

Amount of Each Receipt this Period **15.51**

**SUBTOTAL** of Receipts This Page (optional)..... **35.51**

**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 87 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1555 Stratford

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter International Inc. Occupation Dir, Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **368.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-152**

Amount of Each Receipt this Period  
**15.51**

Full Name (Last, First, Middle Initial)  
**B. Kris C. Steelman**

Mailing Address PO Box 2236

City Mountain Home State AR Zip Code 72654

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : 2011120293520-47**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Kris C. Steelman**

Mailing Address PO Box 2236

City Mountain Home State AR Zip Code 72654

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : 2011121310429-47**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35.51**

**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 88 OF 106
	<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. Elizabeth F. Stoll**  
Full Name (Last, First, Middle Initial)

Mailing Address 3014 Greendale Dr

City Atlanta State GA Zip Code 30327

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 ▼ **250.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-120**

Amount of Each Receipt this Period  
**10.49**

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

Mailing Address 3014 Greendale Dr

City Atlanta State GA Zip Code 30327

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 ▼ **250.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-119**

Amount of Each Receipt this Period  
**10.49**

**C. Elizabeth L. Stoltz**  
Full Name (Last, First, Middle Initial)

Mailing Address 371 W. Sparrow Drive

City Chandler State AZ Zip Code 85286

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Healthcare Reimb

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-100**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.98</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 106
	<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. Elizabeth L. Stoltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 371 W. Sparrow Drive  
 City Chandler State AZ Zip Code 85286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Healthcare Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-99**  
 Amount of Each Receipt this Period 10.00

**B. Rana Strellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1028 Lindenleaf Drive  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation HyQ Launch Operations Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-78**  
 Amount of Each Receipt this Period 10.00

**C. Rana Strellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1028 Lindenleaf Drive  
 City Glenview State IL Zip Code 60025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation HyQ Launch Operations Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-78**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 90 OF 106
<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. John S. Strokis**  
Full Name (Last, First, Middle Initial)

Mailing Address 616 Saxon Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **524.10**

Date of Receipt **11 / 11 / 2011**

**Transaction ID : 2011120293520-101**

Amount of Each Receipt this Period **52.41**

**B. John S. Strokis**  
Full Name (Last, First, Middle Initial)

Mailing Address 616 Saxon Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **524.10**

Date of Receipt **11 / 25 / 2011**

**Transaction ID : 2011121310429-100**

Amount of Each Receipt this Period **52.41**

**C. Donald J. Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 W Cypress Drive

City Arlington Heights State IL Zip Code 60005

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **11 / 11 / 2011**

**Transaction ID : 2011120293520-144**

Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **144.82**

**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 91 OF 106
	<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. Donald J. Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 W Cypress Drive

City State Zip Code  
Arlington Heights IL 60005

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-143**

Amount of Each Receipt this Period  
40.00

**B. Mathew A. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 2320 Everest Ave SE

City State Zip Code  
Grand Rapids MI 49507

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : 2011120293520-177**

Amount of Each Receipt this Period  
10.00

**C. Mathew A. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 2320 Everest Ave SE

City State Zip Code  
Grand Rapids MI 49507

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011  
**Transaction ID : 2011121310429-176**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ronald J. Trudeau</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-1</b>
Mailing Address 416 W Oakwood Dr		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald J. Trudeau</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-1</b>
Mailing Address 416 W Oakwood Dr		Amount of Each Receipt this Period 25.00
City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Onelia Ann Vera</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-125</b>
Mailing Address 619 Oleander Drive		Amount of Each Receipt this Period 106.83
City Hallandale	State FL	Zip Code 33009
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 ▼ 2546.46	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Onelia Ann Vera</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-124</b>
Mailing Address 619 Oleander Drive		Amount of Each Receipt this Period 106.83
City Hallandale	State FL	Zip Code 33009
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 ▼ 2546.46	

Full Name (Last, First, Middle Initial) <b>B. Trudy G. Vlahos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : 2011120293520-179</b>
Mailing Address 730 Lakewood Lane		Amount of Each Receipt this Period 25.00
City Marquette	State MI	Zip Code 49855
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) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Trudy G. Vlahos</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : 2011121310429-178</b>
Mailing Address 730 Lakewood Lane		Amount of Each Receipt this Period 25.00
City Marquette	State MI	Zip Code 49855
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) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 OF 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Christopher P. Vlautin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2343 Beckett Drive  
 City El Dorado Hills State CA Zip Code 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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-80**  
 Amount of Each Receipt this Period  
 20.00

**B. Christopher P. Vlautin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2343 Beckett Drive  
 City El Dorado Hills State CA Zip Code 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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-80**  
 Amount of Each Receipt this Period  
 20.00

**C. Cary N. Wauters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9212 Creemore Drive  
 City La Crescenta State CA Zip Code 91214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Technical Services Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-102**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**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 95 OF 106  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Cary N. Wauters**

Mailing Address 9212 Creemore Drive

City State Zip Code  
 La Crescenta CA 91214

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Technical Services Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-101**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. John Alan Weiler**

Mailing Address 3686 Blankenship Dr.

City State Zip Code  
 Morganton NC 28655

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Plant Mgr I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-77**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. John Alan Weiler**

Mailing Address 3686 Blankenship Dr.

City State Zip Code  
 Morganton NC 28655

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Plant Mgr I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-77**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 96 OF 106
	<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. Thomas Westerkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1844 Wilson Place

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Baxter Healthcare Corporation Mgr, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2011

**Transaction ID : 2011120293520-30**

Amount of Each Receipt this Period  
10.00

**B. Thomas Westerkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1844 Wilson Place

City State Zip Code  
Arlington Heights IL 60004

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

Name of Employer Occupation  
Baxter Healthcare Corporation Mgr, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 25 / 2011

**Transaction ID : 2011121310429-30**

Amount of Each Receipt this Period  
10.00

**C. Timothy White**  
Full Name (Last, First, Middle Initial)

Mailing Address 840 Paddock Lane

City State Zip Code  
Libertyville IL 60048

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

Name of Employer Occupation  
Baxter Healthcare Corporation Director, Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2011

**Transaction ID : 2011120293520-134**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 97 OF 106  
(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. Timothy White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 840 Paddock Lane  
 City State Zip Code  
 Libertyville IL 60048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Director, Purchasing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-133**  
 Amount of Each Receipt this Period  
 10.00

**B. Ronald K. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 Red Rock Road  
 City State Zip Code  
 Amarillo TX 79118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Renal Account Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-87**  
 Amount of Each Receipt this Period  
 20.00

**C. Ronald K. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 Red Rock Road  
 City State Zip Code  
 Amarillo TX 79118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Renal Account Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-87**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**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 98 OF 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083

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 ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-35**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083

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 ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : 2011121310429-35**

Amount of Each Receipt this Period  
**25.00**

**C. Scott W. Woidtke**  
Full Name (Last, First, Middle Initial)

Mailing Address 926 6TH ST SE

City East Grand Forks State MN Zip Code 56721

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.82**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : 2011120293520-170**

Amount of Each Receipt this Period  
**8.80**

**SUBTOTAL** of Receipts This Page (optional)..... **58.80**

**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 99 OF 106
	<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. Scott W. Woidtke**  
Full Name (Last, First, Middle Initial)

Mailing Address 926 6TH ST SE

City East Grand Forks State MN Zip Code 56721

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.82

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-169**

Amount of Each Receipt this Period 8.80

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

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

City Deerfield State IL Zip Code 60015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1263.90

Date of Receipt 11 / 11 / 2011  
**Transaction ID : 2011120293520-90**

Amount of Each Receipt this Period 53.15

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

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

City Deerfield State IL Zip Code 60015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1263.90

Date of Receipt 11 / 25 / 2011  
**Transaction ID : 2011121310429-90**

Amount of Each Receipt this Period 53.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.10

**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: (check only one)	PAGE 100 OF 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dennis Young**

Mailing Address 591 Bluegrass St

City State Zip Code  
Simi Valley CA 93065

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

Name of Employer Occupation  
BioLife Plasma L.L.C. VP II, Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-182**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Dennis Young**

Mailing Address 591 Bluegrass St

City State Zip Code  
Simi Valley CA 93065

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

Name of Employer Occupation  
BioLife Plasma L.L.C. VP II, Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
11 / 25 / 2011  
**Transaction ID : 2011121310429-181**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 436 Linden Street

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Baxter International Inc. VP, Financial Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : 2011120293520-157**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 101 OF 106  
(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)  
**Todd S. Young**

Mailing Address 436 Linden Street

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter International Inc. Occupation VP, Financial Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011

**Transaction ID : 2011121310429-156**

Amount of Each Receipt this Period  
10.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8698.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City State Zip Code  
Brooklyn NY 11233

Purpose of Disbursement  
2012 Primary

Candidate Name  
**Edolphus Towns**

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : **EFA50DFF4FF573EA37A**

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Bennie Thompson**

Mailing Address PO Box 100

City State Zip Code  
Bolton MS 39041

Purpose of Disbursement  
2012 Primary

Candidate Name  
**Bennie G. Thompson**

Office Sought:  House  
 Senate  
 President  
State: MS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 04 / 2011

Transaction ID : **9EE55AF2A434844C076**

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)

**C. John D. Dingell for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
2012 Primary

Candidate Name  
**John D. Dingell**

Office Sought:  House  
 Senate  
 President  
State: MI District: 15

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : **80C0378812285BECE95**

Amount of Each Disbursement this Period  
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

**Transaction ID : 6BAF0BF3EFDB8DF7DA8**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	1

**Transaction ID : AE59A60C30B8906609E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Peter J. Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

**Transaction ID : 2AB40049A99D438CAC6**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ryan for Congress**

Mailing Address PO Box 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement  
2012 Primary

Category/  
Type

Candidate Name  
**Paul Ryan**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 2CA71E7C7F264592C44**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Schiff for Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement  
2012 Primary

Category/  
Type

Candidate Name  
**Adam B. Schiff**

Office Sought:  House  
 Senate  
 President  
State: CA District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 67AF3B4085AE5FD7439**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Schiff for Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement  
2012 Primary

Category/  
Type

Candidate Name  
**Adam B. Schiff**

Office Sought:  House  
 Senate  
 President  
State: CA District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 0CB219B8D357ED0826E**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tenn Political Action Committee Inc (TENN PAC)**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Tenn Political Action Committee Inc (TENN PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

**Transaction ID : 5DBB2B0FEC49AF37BCE**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

**Transaction ID : DE1A020FE9D3B4C363C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2500.00
---------

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

14500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Dominic Pileggi**

Mailing Address 101 W. Baltimore Avenue  
2nd Floor

City Harrisburg State PA Zip Code 19063

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : C66E6294E66C2BB161A

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Jake Corman**

Mailing Address PO Box 13053

City Harrisburg State PA Zip Code 17110

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : 6A755EC8A4571D58C1C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Mike Brubaker**

Mailing Address 1002 LITITZ PIKE BOX 222

City LITITZ State PA Zip Code 17543

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : 18F36073ACBBBE9F3B7

Amount of Each Disbursement this Period

500.00

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

2000.00

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

2000.00