

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2011 through 08 31 2011

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

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 09 12 2011

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		96424.54
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	98134.91									
(c) Total Receipts (from Line 19)	9578.57	89288.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107713.48	185713.48								
7. Total Disbursements (from Line 31)	23000.00	101000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84713.48	84713.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	7663.29	57761.94
(ii) Unitemized	1915.28	31527.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9578.57	89288.94
(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)	9578.57	89288.94
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9578.57	89288.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9578.57	89288.94

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	78500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	15000.00	22500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23000.00	101000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23000.00	101000.00

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)	9578.57	89288.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9578.57	89288.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Michael J. Baughman
 Mailing Address 5343 N Lakewood Avenue
 City State Zip Code
Chicago IL 60640
 Date of Receipt
MM / DD / YYYY
08 / 05 / 2011
Transaction ID: 20110810111554-150
 Amount of Each Receipt this Period
100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Baxter International, Inc. CVP, Controller
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1700.00

B. Full Name (Last, First, Middle Initial)
Michael J. Baughman
 Mailing Address 5343 N Lakewood Avenue
 City State Zip Code
Chicago IL 60640
 Date of Receipt
MM / DD / YYYY
08 / 19 / 2011
Transaction ID: 20110824164717-150
 Amount of Each Receipt this Period
100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Baxter International, Inc. CVP, Controller
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1700.00

C. Full Name (Last, First, Middle Initial)
Edwin A. Betancourt
 Mailing Address 101 N E 3rd Avenue, Ste 1600
Ste 1600
 City State Zip Code
Ft Lauderdale FL 33301
 Date of Receipt
MM / DD / YYYY
08 / 05 / 2011
Transaction ID: 20110810111554-169
 Amount of Each Receipt this Period
46.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Baxter International, Inc. VP, Mfg - LAC Med Products
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 782.94

SUBTOTAL of Receipts This Page (optional) ► 246.50
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 7 / 77
(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) Edwin A. Betancourt		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
Mailing Address 101 N E 3rd Avenue, Ste 1600 Ste 1600		Transaction ID: 20110824164717-169
City Ft Lauderdale	State Zip Code FL 33301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.50
Name of Employer Baxter International, Inc.	Occupation VP, Mfg - LAC Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 782.94	

B.

Full Name (Last, First, Middle Initial) Paulo Bolgar		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address Suite 1600 101 Northeast 3rd Avenue Ste 1600		Transaction ID: 20110810111554-167
City Ft Lauderdale	State Zip Code FL 33301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Baxter International, Inc.	Occupation VP, HR - LA & Canada	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.

Full Name (Last, First, Middle Initial) Paulo Bolgar		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
Mailing Address Suite 1600 101 Northeast 3rd Avenue Ste 1600		Transaction ID: 20110824164717-167
City Ft Lauderdale	State Zip Code FL 33301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Baxter International, Inc.	Occupation VP, HR - LA & Canada	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	96.50
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 8 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David L. Bonderud		Date of Receipt
	Mailing Address 22294 W. Brookside Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	Lake Barrington	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-20
			Amount of Each Receipt this Period <input type="text"/> 20.00
Name of Employer Baxter International, Inc.		Occupation President, US Med Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 340.00	

B.	Full Name (Last, First, Middle Initial) David L. Bonderud		Date of Receipt
	Mailing Address 22294 W. Brookside Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2011
	City	State	Zip Code
	Lake Barrington	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-20
			Amount of Each Receipt this Period <input type="text"/> 20.00
Name of Employer Baxter International, Inc.		Occupation President, US Med Delivery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 340.00	

C.	Full Name (Last, First, Middle Initial) John J. Bratsakis		Date of Receipt
	Mailing Address 2405 Trailside Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	Wauconda	IL	60084
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-76
			Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer Baxter International, Inc.		Occupation BCU Sr VP, Business Devlp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 425.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 77
(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

<p>A. Full Name (Last, First, Middle Initial) John J. Bratsakis</p> <p>Mailing Address 2405 Trailside Lane</p> <p>City State Zip Code Wauconda IL 60084</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baxter International, Inc. Occupation BCU Sr VP, Business Devlp</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>	<p>Date of Receipt 08 / 19 / 2011</p> <p>Transaction ID: 20110824164717-77</p> <p>Amount of Each Receipt this Period 25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Susan K. Brown</p> <p>Mailing Address 917 Geneva St</p> <p>City State Zip Code Glendale CA 91207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baxter International, Inc. Occupation VP, Manufacturing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1097.45</p>	<p>Date of Receipt 08 / 05 / 2011</p> <p>Transaction ID: 20110810111554-15</p> <p>Amount of Each Receipt this Period 65.53</p>
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<p>C. Full Name (Last, First, Middle Initial) Susan K. Brown</p> <p>Mailing Address 917 Geneva St</p> <p>City State Zip Code Glendale CA 91207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Baxter International, Inc. Occupation VP, Manufacturing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1097.45</p>	<p>Date of Receipt 08 / 19 / 2011</p> <p>Transaction ID: 20110824164717-15</p> <p>Amount of Each Receipt this Period 65.53</p>
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SUBTOTAL of Receipts This Page (optional)	156.06
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<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) Sebastian J. Bufalino		Date of Receipt
	Mailing Address 1091 Pine Meadow Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 05 / 2011
	City	State	Zip Code
	Vernon Hills	IL	60061
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-159
Name of Employer Baxter International, Inc.		Occupation VP, Corporate Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 917.88	<input type="text"/> 54.48

B.	Full Name (Last, First, Middle Initial) Sebastian J. Bufalino		Date of Receipt
	Mailing Address 1091 Pine Meadow Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 19 / 2011
	City	State	Zip Code
	Vernon Hills	IL	60061
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-159
Name of Employer Baxter International, Inc.		Occupation VP, Corporate Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 917.88	<input type="text"/> 54.48

C.	Full Name (Last, First, Middle Initial) Laureen Marie Cassidy		Date of Receipt
	Mailing Address 1721 Dewes Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 05 / 2011
	City	State	Zip Code
	Glenview	IL	60025
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-158
Name of Employer Baxter International, Inc.		Occupation VP, Corporate Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 133.96
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 77
(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)
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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-158

Amount of Each Receipt this Period
25.00

B.

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

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 International, Inc. VP, Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-25

Amount of Each Receipt this Period
25.00

C.

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

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 International, Inc. VP, Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-25

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 12 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward K. Chess		Date of Receipt	
	Mailing Address 5313 Abbey Drive		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-10
	McHenry	IL	60050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Baxter International, Inc.		Occupation Sr Director, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

B.	Full Name (Last, First, Middle Initial) Edward K. Chess		Date of Receipt	
	Mailing Address 5313 Abbey Drive		M M / D D / Y Y Y Y 08 / 19 / 2011	
	City	State	Zip Code	Transaction ID: 20110824164717-10
	McHenry	IL	60050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Baxter International, Inc.		Occupation Sr Director, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

C.	Full Name (Last, First, Middle Initial) Anthony Ciganek		Date of Receipt	
	Mailing Address 233 Heath Ct		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-4
	Barrington	IL	60010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Baxter International, Inc.		Occupation Sr Director, Engineering		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

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 13 / 77
	<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) Anthony Ciganek		Date of Receipt
	Mailing Address 233 Heath Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-4
Name of Employer Baxter International, Inc.		Occupation Sr Director, Engineering	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Brian W. Clements		Date of Receipt
	Mailing Address 109 Juniper Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lake Villa	IL	60046
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-7
Name of Employer Baxter International, Inc.		Occupation VP, Strategic Initiatives	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	<input type="text"/> 15.00

C.	Full Name (Last, First, Middle Initial) Brian W. Clements		Date of Receipt
	Mailing Address 109 Juniper Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lake Villa	IL	60046
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-7
Name of Employer Baxter International, Inc.		Occupation VP, Strategic Initiatives	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	<input type="text"/> 15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 55.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 77
	(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"/> 15
	<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.	Full Name (Last, First, Middle Initial) Mark Coin		Date of Receipt
	Mailing Address 1006 S Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 05 / 2011
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-124
Name of Employer Baxter International, Inc.		Occupation Director, Public and Reimburse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 592.34	<input type="text"/> 42.31

B.	Full Name (Last, First, Middle Initial) Mark Coin		Date of Receipt
	Mailing Address 1006 S Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 19 / 2011
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-123
Name of Employer Baxter International, Inc.		Occupation Director, Public and Reimburse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 592.34	<input type="text"/> 42.31

C.	Full Name (Last, First, Middle Initial) Sarah L. Creviston		Date of Receipt
	Mailing Address 23 Wynstone Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 05 / 2011
	City	State	Zip Code
	North Barrington	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-132
Name of Employer Baxter International, Inc.		Occupation VP, Government Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1854.02	<input type="text"/> 110.56

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 195.18
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Sarah L. Creviston	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 23 Wynstone Way	Transaction ID: 20110824164717-131
	City State Zip Code North Barrington IL 60010	Amount of Each Receipt this Period 110.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. VP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1854.02	

B.	Full Name (Last, First, Middle Initial) Margarita Cruz-casse	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address Calle Guama #70 Mansiones Los Cedr	Transaction ID: 20110810111554-187
	City State Zip Code Cayey PR 00736	Amount of Each Receipt this Period 54.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.49	

C.	Full Name (Last, First, Middle Initial) Margarita Cruz-casse	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address Calle Guama #70 Mansiones Los Cedr	Transaction ID: 20110824164717-187
	City State Zip Code Cayey PR 00736	Amount of Each Receipt this Period 54.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.49	

SUBTOTAL of Receipts This Page (optional)	▶	219.58
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 77
(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)
Ronald L. Czaplicki

Mailing Address 17525 Cottonwood Ct

City State Zip Code
Grayslake IL 60030

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

Name of Employer Occupation
Baxter International, Inc. Dir, Strategic Pricing & Contr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-56

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 17525 Cottonwood Ct

City State Zip Code
Grayslake IL 60030

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

Name of Employer Occupation
Baxter International, Inc. Dir, Strategic Pricing & Contr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-57

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 868 Interlaken Dr

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer Occupation
Baxter International, Inc. VP, Comp, Benefits & HR Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-21

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 77
(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)
Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer
Baxter International, Inc.

Occupation
VP, Comp, Benefits & HR Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-21

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 21515 Hummingbird Court

City State Zip Code
Kildeer IL 60047

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

Name of Employer
Baxter International, Inc.

Occupation
CVP, President - Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3129.82

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-45

Amount of Each Receipt this Period
187.50

C.

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

Mailing Address 21515 Hummingbird Court

City State Zip Code
Kildeer IL 60047

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

Name of Employer
Baxter International, Inc.

Occupation
CVP, President - Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3129.82

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-45

Amount of Each Receipt this Period
187.50

SUBTOTAL of Receipts This Page (optional) ► **395.00**

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 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Barry M. Deutsch		Date of Receipt
	Mailing Address 2330 West Course Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	Riverwoods	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-91
Name of Employer Baxter International, Inc.		Occupation VP I, Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 770.42	<input type="text"/> 45.70

B.	Full Name (Last, First, Middle Initial) Barry M. Deutsch		Date of Receipt
	Mailing Address 2330 West Course Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2011
	City	State	Zip Code
	Riverwoods	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-92
Name of Employer Baxter International, Inc.		Occupation VP I, Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 770.42	<input type="text"/> 45.70

C.	Full Name (Last, First, Middle Initial) Angel L. Egipciano-Lassalle		Date of Receipt
	Mailing Address 27225 Rose Mallow Lane (Fair Oaks) (Fair Oaks Ranch)		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2011
	City	State	Zip Code
	Canyon Country	CA	91387-6950
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-141
Name of Employer Baxter International, Inc.		Occupation Plant Controller II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 141.40
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 77
(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) Paul D. Estrem		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	5		2	0	1	1													
Mailing Address 325 Clarewood Circle		Transaction ID: 20110810111554-40																				
City Grayslake	State IL	Zip Code 60030																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>50.00</td></tr></table>	50.00																			
50.00																						
Name of Employer Baxter International, Inc.	Occupation VP, Finance																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>850.00</td></tr></table>	850.00																				
850.00																						

B.

Full Name (Last, First, Middle Initial) Paul D. Estrem		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	9		2	0	1	1													
Mailing Address 325 Clarewood Circle		Transaction ID: 20110824164717-40																				
City Grayslake	State IL	Zip Code 60030																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>50.00</td></tr></table>	50.00																			
50.00																						
Name of Employer Baxter International, Inc.	Occupation VP, Finance																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>850.00</td></tr></table>	850.00																				
850.00																						

C.

Full Name (Last, First, Middle Initial) Peter Etienne		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	5		2	0	1	1													
Mailing Address 189 Lions Court		Transaction ID: 20110810111554-152																				
City Lake Zurich	State IL	Zip Code 60047																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>25.00</td></tr></table>	25.00																			
25.00																						
Name of Employer Baxter International, Inc.	Occupation Sr Counsel																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>425.00</td></tr></table>	425.00																				
425.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>125.00</td></tr></table>	125.00
125.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Peter Etienne		Date of Receipt
	Mailing Address 189 Lions Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2011
	City	State	Zip Code
	Lake Zurich	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-152
Name of Employer Baxter International, Inc.		Occupation Sr Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Alan E. Freedlund		Date of Receipt
	Mailing Address 746 S. River Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2011
	City	State	Zip Code
	Naperville	IL	60540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-70
Name of Employer Baxter International, Inc.		Occupation VP, Information Technology	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00	<input type="text"/> 12.00

C.	Full Name (Last, First, Middle Initial) Kevin E. Freeman		Date of Receipt
	Mailing Address 86 Rosehall Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	Lake Zurich	IL	60047
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-29
Name of Employer Baxter International, Inc.		Occupation VP, I Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 62.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 77

(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)
Kevin E. Freeman

Mailing Address 86 Rosehall Drive

City State Zip Code
Lake Zurich IL 60047

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110824164717-29

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address Baxter Expatriate Admin PO Box 747
Baxter Expatriate Admin

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 1

Transaction ID: 20110810111554-163

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address Baxter Expatriate Admin PO Box 747
Baxter Expatriate Admin

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 1

Transaction ID: 20110824164717-163

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

65.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 14334 Spring Meadow Court

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Occupation
Baxter International, Inc. Dir, State Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1328.87

Date of Receipt / /
Transaction ID: 20110810111554-61

Amount of Each Receipt this Period 78.85

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

Mailing Address 14334 Spring Meadow Court

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Occupation
Baxter International, Inc. Dir, State Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1328.87

Date of Receipt / /
Transaction ID: 20110824164717-62

Amount of Each Receipt this Period 78.85

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

Mailing Address 3775 Riverly Trace

City State Zip Code
Marietta GA 30067

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

Name of Employer Occupation
Baxter International, Inc. VP, Environ, Health & Safety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 956.55

Date of Receipt / /
Transaction ID: 20110810111554-51

Amount of Each Receipt this Period 56.85

SUBTOTAL of Receipts This Page (optional) ► **214.55**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 77
(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)
Arthur J. Gibson

Mailing Address 3775 Riveryly Trace

City State Zip Code
Marietta GA 30067

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baxter International, Inc. VP, Environ, Health & Safety

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 956.55

Date of Receipt 08 / 19 / 2011
Transaction ID: 20110824164717-52

Amount of Each Receipt this Period 56.85

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

Mailing Address 760 Oakwood Ave

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baxter International, Inc. Sr Dir, Clinical Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 05 / 2011
Transaction ID: 20110810111554-97

Amount of Each Receipt this Period 50.00

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

Mailing Address 760 Oakwood Ave

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Baxter International, Inc. Sr Dir, Clinical Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 19 / 2011
Transaction ID: 20110824164717-97

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 156.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 77

(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)
Tara L. Greene

Mailing Address 3408 Linneman

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Baxter International, Inc. Group Mgr, Marketing

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: 20110810111554-118

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 3408 Linneman

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Baxter International, Inc. Group Mgr, Marketing

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2011

Transaction ID: 20110824164717-117

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 909 Clinton Place

City State Zip Code
River Forest IL 60305

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: 20110810111554-161

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: (check only one)	PAGE 25 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William J. Gresham		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 909 Clinton Place		Transaction ID: 20110824164717-161
	City River Forest	State IL	Zip Code 60305
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter International, Inc.	Occupation Dir, Ethics & Compliance/EHS	Aggregate Year-to-Date 425.00

B.	Full Name (Last, First, Middle Initial) Andrew C. Hayes		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 1620 Timber Woods Lane		Transaction ID: 20110810111554-77
	City Libertyville	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.61
	Name of Employer Baxter International, Inc.	Occupation Sr Director, New Product Intro	Aggregate Year-to-Date 1138.33

C.	Full Name (Last, First, Middle Initial) Andrew C. Hayes		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 1620 Timber Woods Lane		Transaction ID: 20110824164717-78
	City Libertyville	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.61
	Name of Employer Baxter International, Inc.	Occupation Sr Director, New Product Intro	Aggregate Year-to-Date 1138.33

SUBTOTAL of Receipts This Page (optional)	▶	160.22
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 77
(check only one)

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

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

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

A.

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

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 International, Inc. Occupation Dir, Clinical Data Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 561.66

Date of Receipt 08 / 05 / 2011

Transaction ID: 20110810111554-102

Amount of Each Receipt this Period 33.36

B.

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

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 International, Inc. Occupation Dir, Clinical Data Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 561.66

Date of Receipt 08 / 19 / 2011

Transaction ID: 20110824164717-102

Amount of Each Receipt this Period 33.36

C.

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

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 ▼ 425.00

Date of Receipt 08 / 05 / 2011

Transaction ID: 20110810111554-149

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 91.72

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: (check only one)	PAGE 27 / 77
	<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) Robert J. Hombach	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 126 Homewood Avenue	Transaction ID: 20110824164717-149
	City State Zip Code Libertyville IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter International, Inc. Occupation: CVP, Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Irene P. Jakimcius	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 2208 Wesley Ave.	Transaction ID: 20110810111554-153
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 85.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter International, Inc. Occupation: Assoc General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1447.56	

C.	Full Name (Last, First, Middle Initial) Irene P. Jakimcius	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 2208 Wesley Ave.	Transaction ID: 20110824164717-153
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 85.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter International, Inc. Occupation: Assoc General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1447.56	

SUBTOTAL of Receipts This Page (optional)	▶	196.96
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 77
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Michael T. Jennings		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 130 W Lincoln Ave		Transaction ID: 20110810111554-134
City Libertyville	State Zip Code IL 60048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.41
Name of Employer Baxter International, Inc.	Occupation Sr Dir, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 681.03	

B.

Full Name (Last, First, Middle Initial) Michael T. Jennings		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
Mailing Address 130 W Lincoln Ave		Transaction ID: 20110824164717-133
City Libertyville	State Zip Code IL 60048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.41
Name of Employer Baxter International, Inc.	Occupation Sr Dir, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 681.03	

C.

Full Name (Last, First, Middle Initial) Kurt Johnson		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 2322 Central Park Ave.		Transaction ID: 20110810111554-142
City Evanston	State Zip Code IL 60201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter International, Inc.	Occupation VP, BD - BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	100.82
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: PAGE 29 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2322 Central Park Ave.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Baxter International, Inc. VP, BD - BioScience

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-142

Amount of Each Receipt this Period
20.00

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

Mailing Address Baxter Expat Admin PO Box 747

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter International, Inc. VP, Mfg - EMEA Med Products

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-164

Amount of Each Receipt this Period
25.00

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

Mailing Address Baxter Expat Admin PO Box 747

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter International, Inc. VP, Mfg - EMEA Med Products

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-164

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 77
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Peter Khoury

Mailing Address PO Box 904

City State Zip Code
Jordan NY 13080

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

Name of Employer
Baxter International, Inc.

Occupation
VP I, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-27

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Peter Khoury

Mailing Address PO Box 904

City State Zip Code
Jordan NY 13080

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

Name of Employer
Baxter International, Inc.

Occupation
VP I, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-27

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Richard L. Kirkendall

Mailing Address 717 Elmwood Av.

City State Zip Code
Wilmette IL 60091

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

Name of Employer
Baxter International, Inc.

Occupation
VP Quality, Medication Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1275.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-116

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard L. Kirkendall		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address 717 Elmwood Av.		Transaction ID: 20110824164717-115		
	City Wilmette	State IL	Zip Code 60091	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International, Inc.	Occupation VP Quality, Medication Delivery			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1275.00			

B.	Full Name (Last, First, Middle Initial) Marie G. Kissel		Date of Receipt MM / DD / YYYY 08 / 05 / 2011		
	Mailing Address Baxter Expat Admin PO Box 747 C/O Gerald Lema		Transaction ID: 20110810111554-166		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 86.54	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International, Inc.	Occupation Vice President, GAPP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1381.87			

C.	Full Name (Last, First, Middle Initial) Marie G. Kissel		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address Baxter Expat Admin PO Box 747 Baxter Expat Admin		Transaction ID: 20110824164717-166		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 86.54	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International, Inc.	Occupation Vice President, GAPP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1381.87			

SUBTOTAL of Receipts This Page (optional)	▶	248.08
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 32 / 77

(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)

Helena M. Klumpp

Mailing Address 2308 Isabella St.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Baxter International, Inc. Senior Tax Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: 20110810111554-157

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

Helena M. Klumpp

Mailing Address 2308 Isabella St.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Baxter International, Inc. Senior Tax Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2011

Transaction ID: 20110824164717-157

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723

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

Name of Employer Occupation
Baxter International, Inc. Regional Operations Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.35

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: 20110810111554-176

Amount of Each Receipt this Period
25.97

SUBTOTAL of Receipts This Page (optional)

65.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 77

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code
Austin TX 78723

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

Name of Employer Occupation
Baxter International, Inc. Regional Operations Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 437.35

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2011

Transaction ID: 20110824164717-176

Amount of Each Receipt this Period

25.97

B.

Full Name (Last, First, Middle Initial)

Edward A. Langan

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Baxter International, Inc. VP, SIs Excellence- BioScience

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1275.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2011

Transaction ID: 20110810111554-2

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Edward A. Langan

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Baxter International, Inc. VP, SIs Excellence- BioScience

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1275.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2011

Transaction ID: 20110824164717-2

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

175.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Betty D. Larson		Date of Receipt	
	Mailing Address 21334 Andover Road		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-121
	Kildeer	IL	60047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Baxter International, Inc.		Occupation VP, HR - Med Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 838.48		

B.	Full Name (Last, First, Middle Initial) Betty D. Larson		Date of Receipt	
	Mailing Address 21334 Andover Road		M M / D D / Y Y Y Y 08 / 19 / 2011	
	City	State	Zip Code	Transaction ID: 20110824164717-120
	Kildeer	IL	60047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Baxter International, Inc.		Occupation VP, HR - Med Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 838.48		

C.	Full Name (Last, First, Middle Initial) Timothy P. Lawrence		Date of Receipt	
	Mailing Address 876 Writer CT		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-129
	Vernon Hills	IL	60061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		72.12	
Name of Employer Baxter International, Inc.		Occupation VP, Mfg & SC - Med Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1148.84		

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: PAGE 35 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 International, Inc. VP, Mfg & SC - Med Products

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1148.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110824164717-128

Amount of Each Receipt this Period
72.12

B. Full Name (Last, First, Middle Initial)
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 International, Inc. VP, Sls & Mkt - US BioT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	1

Transaction ID: 20110810111554-112

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
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 International, Inc. VP, Sls & Mkt - US BioT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	1

Transaction ID: 20110824164717-111

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **122.12**

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: PAGE 36 / 77
(check only one)

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

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

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

A.

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

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 International, Inc. Occupation Dir, Renal Federal Leg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 08 / 05 / 2011
Transaction ID: 20110810111554-99
 Amount of Each Receipt this Period: 40.00

B.

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

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 International, Inc. Occupation Dir, Renal Federal Leg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 08 / 19 / 2011
Transaction ID: 20110824164717-99
 Amount of Each Receipt this Period: 40.00

C.

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

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 International, Inc. Occupation Sr Director Outcomes Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 05 / 2011
Transaction ID: 20110810111554-31
 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:	PAGE 37 / 77
	(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"/> 15
<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. Full Name (Last, First, Middle Initial)
Josephine M. Li-McLeod

Mailing Address 758 Cranmont Court

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Baxter International, Inc. Sr Director Outcomes Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-31

Amount of Each Receipt this Period
25.00

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

Mailing Address 1694 Falling Star Ave.

City State Zip Code
Westlake Village CA 91362

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

Name of Employer Occupation
Baxter International, Inc. GM, US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-37

Amount of Each Receipt this Period
50.00

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

Mailing Address 1694 Falling Star Ave.

City State Zip Code
Westlake Village CA 91362

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

Name of Employer Occupation
Baxter International, Inc. GM, US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-37

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: PAGE 38 / 77
(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)
Marcus A. Luna

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 International, Inc. Occupation Sales Representative II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 05 / 2011

Transaction ID: 20110810111554-103

Amount of Each Receipt this Period 15.00

B.

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

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 International, Inc. Occupation Sales Representative II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 19 / 2011

Transaction ID: 20110824164717-103

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Matthew A. Lykken

Mailing Address 1107 Wellington Drive

City Duncanville State TX Zip Code 75137

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

Name of Employer Baxter International, Inc. Occupation Sr Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 05 / 2011

Transaction ID: 20110810111554-125

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 39 / 77
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Matthew A. Lykken

Mailing Address 1107 Wellington Drive

City State Zip Code
Duncanville TX 75137

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

Name of Employer: Baxter International, Inc. Occupation: Sr Tax Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 19 / 2011
Transaction ID: 20110824164717-124
Amount of Each Receipt this Period: 25.00

B.

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

Mailing Address 116 Tennessee Avenue NE

City State Zip Code
Washington DC 20002

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

Name of Employer: Baxter International, Inc. Occupation: Dir, Fed Legislative Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 08 / 05 / 2011
Transaction ID: 20110810111554-113
Amount of Each Receipt this Period: 30.00

C.

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

Mailing Address 116 Tennessee Avenue NE

City State Zip Code
Washington DC 20002

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

Name of Employer: Baxter International, Inc. Occupation: Dir, Fed Legislative Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 08 / 19 / 2011
Transaction ID: 20110824164717-112
Amount of Each Receipt this Period: 30.00

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: PAGE 40 / 77
(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)
Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City State Zip Code
Lakewood IL 60014

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

Name of Employer
Baxter International, Inc.

Occupation
VP, Mfg Strategy- Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
734.84

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-18

Amount of Each Receipt this Period
41.26

B.

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

Mailing Address 10680 Red Leaf Circle

City State Zip Code
Lakewood IL 60014

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

Name of Employer
Baxter International, Inc.

Occupation
VP, Mfg Strategy- Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
734.84

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-18

Amount of Each Receipt this Period
41.26

C.

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

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 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 ▼
3050.01

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-155

Amount of Each Receipt this Period
180.77

SUBTOTAL of Receipts This Page (optional) ► **263.29**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 77
(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)
Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 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 ▼
3050.01

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-155

Amount of Each Receipt this Period
180.77

B.

Full Name (Last, First, Middle Initial)
Daniel S. McRae

Mailing Address 2965 Redding Road

City State Zip Code
Atlanta GA 30319

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

Name of Employer
Baxter International, Inc. Occupation
Infusion System Sales Represen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-52

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Daniel S. McRae

Mailing Address 2965 Redding Road

City State Zip Code
Atlanta GA 30319

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

Name of Employer
Baxter International, Inc. Occupation
Infusion System Sales Represen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-53

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **230.77**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 77
(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)
John K. McVey

Mailing Address 6320 Longwood Road

City State Zip Code
Libertyville IL 60048-9447

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

Name of Employer Occupation
Baxter International, Inc. Sr Dir, Reg Affairs & Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-170

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 6320 Longwood Road

City State Zip Code
Libertyville IL 60048-9447

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

Name of Employer Occupation
Baxter International, Inc. Sr Dir, Reg Affairs & Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-170

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.24

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-128

Amount of Each Receipt this Period
30.84

SUBTOTAL of Receipts This Page (optional) ► **80.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 77
(check only one)

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

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

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

A.

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

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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 ▼
519.24

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-127

Amount of Each Receipt this Period
30.84

B.

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

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter International, Inc. Occupation
VP, Mkt Access - US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-143

Amount of Each Receipt this Period
45.00

C.

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

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter International, Inc. Occupation
VP, Mkt Access - US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-143

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **120.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 77
	<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.	Full Name (Last, First, Middle Initial) Stasia L. Ogden		Date of Receipt																					
	Mailing Address 1750 W Cortland St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	5		2	0	1	1														
	City State Zip Code Chicago IL 60622		Transaction ID: 20110810111554-85																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Baxter International, Inc. Occupation: Assoc GC - IP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		20.00																						

B.	Full Name (Last, First, Middle Initial) Stasia L. Ogden		Date of Receipt																					
	Mailing Address 1750 W Cortland St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	9		2	0	1	1														
	City State Zip Code Chicago IL 60622		Transaction ID: 20110824164717-86																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Baxter International, Inc. Occupation: Assoc GC - IP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		20.00																						

C.	Full Name (Last, First, Middle Initial) Jed M. Perry		Date of Receipt																					
	Mailing Address 9078 Brook Ford Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	5		2	0	1	1														
	City State Zip Code Burke VA 22015		Transaction ID: 20110810111554-110																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Baxter International, Inc. Occupation: Dir, Fed Legislative Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		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: PAGE 45 / 77
(check only one)

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

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

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

A.

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

Mailing Address 9078 Brook Ford Road

City State Zip Code
Burke VA 22015

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

Name of Employer Occupation
Baxter International, Inc. Dir, Fed Legislative Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-110

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 3933 Kenway Avenue

City State Zip Code
Los Angeles CA 90008

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

Name of Employer Occupation
Baxter International, Inc. Sr Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 992.66

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-123

Amount of Each Receipt this Period
58.90

C.

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

Mailing Address 3933 Kenway Avenue

City State Zip Code
Los Angeles CA 90008

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

Name of Employer Occupation
Baxter International, Inc. Sr Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 992.66

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-122

Amount of Each Receipt this Period
58.90

SUBTOTAL of Receipts This Page (optional) ► **142.80**

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 46 / 77
(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) Virginia L. Pringle		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 6655 Bobby Jones Ct		Transaction ID: 20110810111554-23
City Palmetto	State FL	Zip Code 34221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.07
Name of Employer Baxter International, Inc.	Occupation Mgr II, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 591.45	

B.

Full Name (Last, First, Middle Initial) Virginia L. Pringle		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
Mailing Address 6655 Bobby Jones Ct		Transaction ID: 20110824164717-23
City Palmetto	State FL	Zip Code 34221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.07
Name of Employer Baxter International, Inc.	Occupation Mgr II, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 591.45	

C.

Full Name (Last, First, Middle Initial) Joseph A. Pudlo		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 525 Trestle Court		Transaction ID: 20110810111554-26
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter International, Inc.	Occupation VP, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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 47 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 525 Trestle Court

City State Zip Code
Grayslake IL 60030

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

Name of Employer Occupation
Baxter International, Inc. VP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-26

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Julie A. Quick

Mailing Address 3223 Epstein Circle

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Baxter International, Inc. Sr Mgr, Reg Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 377.02

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-186

Amount of Each Receipt this Period
22.40

C. Full Name (Last, First, Middle Initial)
Julie A. Quick

Mailing Address 3223 Epstein Circle

City State Zip Code
Mundelein IL 60060

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

Name of Employer Occupation
Baxter International, Inc. Sr Mgr, Reg Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 377.02

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-186

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 48 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Janet L. Raciti		Date of Receipt
	Mailing Address 19 Wimbledon Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	Lincolnshire	IL	60069
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-28
Name of Employer Baxter International, Inc.		Occupation Dir, Strategic Reimbursement	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 680.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) Janet L. Raciti		Date of Receipt
	Mailing Address 19 Wimbledon Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2011
	City	State	Zip Code
	Lincolnshire	IL	60069
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-28
Name of Employer Baxter International, Inc.		Occupation Dir, Strategic Reimbursement	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 680.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) Jeffrey G. Reading		Date of Receipt
	Mailing Address 2421 Pawnee Crossing		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	Edmond	OK	73034
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-184
Name of Employer Baxter International, Inc.		Occupation Dir, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 340.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jeffrey G. Reading	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 2421 Pawnee Crossing	Transaction ID: 20110824164717-184
	City State Zip Code Edmond OK 73034	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. Dir, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Darwin Richardson	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 3927 Corte Cancion	Transaction ID: 20110810111554-42
	City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. Plant Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Darwin Richardson	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 3927 Corte Cancion	Transaction ID: 20110824164717-42
	City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. Plant Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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 50 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph Russo		Date of Receipt
	Mailing Address 27928 Periwinkle Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Valencia	CA	91354
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-130
Name of Employer Baxter International, Inc.		Occupation Dir, Envir Health & Safety	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 578.44	<input type="text"/> 34.40

B.	Full Name (Last, First, Middle Initial) Joseph Russo		Date of Receipt
	Mailing Address 27928 Periwinkle Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Valencia	CA	91354
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-129
Name of Employer Baxter International, Inc.		Occupation Dir, Envir Health & Safety	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 578.44	<input type="text"/> 34.40

C.	Full Name (Last, First, Middle Initial) Roibin Ryan		Date of Receipt
	Mailing Address 1419 W Berteau		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60613
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-154
Name of Employer Baxter International, Inc.		Occupation Deputy Gen Counsel, Lit & Empl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1771.40	<input type="text"/> 105.46

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 174.26
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 77
(check only one)

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

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

A.

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

Mailing Address 1419 W Berteau

City State Zip Code
Chicago IL 60613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1771.40

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-154

Amount of Each Receipt this Period
105.46

B.

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

Mailing Address 18522 Roslin Ave

City State Zip Code
Torrance CA 90504

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

Name of Employer
Baxter International, Inc. Occupation
Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.11

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-60

Amount of Each Receipt this Period
17.57

C.

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

Mailing Address 18522 Roslin Ave

City State Zip Code
Torrance CA 90504

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

Name of Employer
Baxter International, Inc. Occupation
Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.11

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-61

Amount of Each Receipt this Period
17.57

SUBTOTAL of Receipts This Page (optional) ► **140.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 77
	<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) James K. Saccaro		Date of Receipt	
	Mailing Address 915 Ash Street		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-162
	Winnetka	IL	60093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		69.23	
Name of Employer Baxter International, Inc.		Occupation CVP, Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1136.05		

B.	Full Name (Last, First, Middle Initial) James K. Saccaro		Date of Receipt	
	Mailing Address 915 Ash Street		M M / D D / Y Y Y Y 08 / 19 / 2011	
	City	State	Zip Code	Transaction ID: 20110824164717-162
	Winnetka	IL	60093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		69.23	
Name of Employer Baxter International, Inc.		Occupation CVP, Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1136.05		

C.	Full Name (Last, First, Middle Initial) Ashish Sagrolikar		Date of Receipt	
	Mailing Address 1012 Alden Lane		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-136
	Buffalo Grove	IL	60089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer Baxter International, Inc.		Occupation VP, Sls & Mkt - US Hemophilia		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)	▶	153.46
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 / 77
	<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) Ashish Sagolikar		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address 1012 Alden Lane		Transaction ID: 20110824164717-135		
	City Buffalo Grove	State IL	Zip Code 60089	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International, Inc.	Occupation VP, Sls & Mkt - US Hemophilia			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

B.	Full Name (Last, First, Middle Initial) David P. Scharf		Date of Receipt MM / DD / YYYY 08 / 05 / 2011		
	Mailing Address 931 Oak Street		Transaction ID: 20110810111554-151		
	City Winnetka	State IL	Zip Code 60093	Amount of Each Receipt this Period 105.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International, Inc.	Occupation CVP, General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1740.41			

C.	Full Name (Last, First, Middle Initial) David P. Scharf		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address 931 Oak Street		Transaction ID: 20110824164717-151		
	City Winnetka	State IL	Zip Code 60093	Amount of Each Receipt this Period 105.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International, Inc.	Occupation CVP, General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1740.41			

SUBTOTAL of Receipts This Page (optional)	▶	226.54
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 54 / 77
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 1621 Mission Hills Rd Unit 211 Apt 211		Transaction ID: 20110810111554-3
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.15
Name of Employer Baxter International, Inc.	Occupation VP, Mfg Strategy- Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.71	

B.

Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt MM / DD / YYYY 08 / 19 / 2011
Mailing Address 1621 Mission Hills Rd Unit 211 Apt 211		Transaction ID: 20110824164717-3
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.15
Name of Employer Baxter International, Inc.	Occupation VP, Mfg Strategy- Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.71	

C.

Full Name (Last, First, Middle Initial) Jeffrey Allen Sexton		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 19 Cochran View Drive		Transaction ID: 20110810111554-75
City Marion	State NC	Zip Code 28752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.03
Name of Employer Baxter International, Inc.	Occupation Supv II, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.34	

SUBTOTAL of Receipts This Page (optional)	▶	141.33
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 77
	<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) Jeffrey Allen Sexton		Date of Receipt
	Mailing Address 19 Cochran View Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Marion	NC	28752
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-76
Name of Employer Baxter International, Inc.		Occupation Supv II, Manufacturing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 234.34	<input type="text"/> 12.52

B.	Full Name (Last, First, Middle Initial) John P. Shannon		Date of Receipt
	Mailing Address 432 Utley		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Elmhurst	IL	60126
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110810111554-140
Name of Employer Baxter International, Inc.		Occupation GFH, Hemophilia	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1065.10	<input type="text"/> 63.26

C.	Full Name (Last, First, Middle Initial) John P. Shannon		Date of Receipt
	Mailing Address 432 Utley		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Elmhurst	IL	60126
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110824164717-139
Name of Employer Baxter International, Inc.		Occupation GFH, Hemophilia	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1065.10	<input type="text"/> 63.26

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 139.04
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 77
(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)
Terry (John) Simmons

Mailing Address 1013 Windhaven Road

City State Zip Code
Libertyville IL 60048

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

Name of Employer
Baxter International, Inc. Occupation
VP, Purchasing - Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-135

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Terry (John) Simmons

Mailing Address 1013 Windhaven Road

City State Zip Code
Libertyville IL 60048

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

Name of Employer
Baxter International, Inc. Occupation
VP, Purchasing - Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-134

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 66 Cooper Drive

City State Zip Code
Glastonbury CT 06033

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

Name of Employer
Baxter International, Inc. Occupation
Mgr, State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-86

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 57 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lori E. Sims	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 66 Cooper Drive	Transaction ID: 20110824164717-87
	City State Zip Code Glastonbury CT 06033	Amount of Each Receipt this Period 23.52
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. Mgr, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	

B.	Full Name (Last, First, Middle Initial) Deborah G. Spak	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 1555 Stratford	Transaction ID: 20110810111554-156
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 15.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. Dir, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.13	

C.	Full Name (Last, First, Middle Initial) Deborah G. Spak	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 1555 Stratford	Transaction ID: 20110824164717-156
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 15.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International, Inc. Dir, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.13	

SUBTOTAL of Receipts This Page (optional)	54.54
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 77
	<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) Janet M. Spaulding	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 4371 Silversmith Lane	Transaction ID: 20110810111554-172
	City Independence State KY Zip Code 41051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baxter International, Inc. Occupation Regional Operations Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Janet M. Spaulding	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 4371 Silversmith Lane	Transaction ID: 20110824164717-172
	City Independence State KY Zip Code 41051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baxter International, Inc. Occupation Regional Operations Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Donald J. Sullivan	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 910 W Cypress Drive	Transaction ID: 20110810111554-147
	City Arlington Heights State IL Zip Code 60005	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baxter International, Inc. Occupation VP, Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 77
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald J. Sullivan

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
Baxter International, Inc. Occupation
VP, Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-147

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City State Zip Code
Barrington IL 60010

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

Name of Employer
Baxter International, Inc. Occupation
VP, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-1

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Ronald J. Trudeau

Mailing Address 416 W Oakwood Dr

City State Zip Code
Barrington IL 60010

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

Name of Employer
Baxter International, Inc. Occupation
VP, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-1

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Onelia Ann Vera

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

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 ▼ 1798.65

Date of Receipt: 08 / 05 / 2011
Transaction ID: 20110810111554-131
Amount of Each Receipt this Period: 106.83

B. Full Name (Last, First, Middle Initial)
Onelia Ann Vera

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

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 ▼ 1798.65

Date of Receipt: 08 / 19 / 2011
Transaction ID: 20110824164717-130
Amount of Each Receipt this Period: 106.83

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

Mailing Address 730 Lakewood Lane

City State Zip Code
Marquette MI 49855

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

Name of Employer: Baxter International, Inc. Occupation: Regional Operations Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 08 / 05 / 2011
Transaction ID: 20110810111554-182
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 238.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 77
(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)
Trudy G. Vlahos

Mailing Address 730 Lakewood Lane

City Marquette State MI Zip Code 49855

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

Name of Employer Baxter International, Inc. Occupation Regional Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 19 / 2011

Transaction ID: 20110824164717-182

Amount of Each Receipt this Period 25.00

B.

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

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 International, Inc. Occupation Mgr, State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2011

Transaction ID: 20110810111554-82

Amount of Each Receipt this Period 20.00

C.

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

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 International, Inc. Occupation Mgr, State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2011

Transaction ID: 20110824164717-83

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Alan Weiler
 Mailing Address 3686 Blankenship Dr.
 City Morganton State NC Zip Code 28655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International, Inc. Occupation Plant Mgr I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt 08 / 05 / 2011
Transaction ID: 20110810111554-79
 Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
John Alan Weiler
 Mailing Address 3686 Blankenship Dr.
 City Morganton State NC Zip Code 28655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International, Inc. Occupation Plant Mgr I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt 08 / 19 / 2011
Transaction ID: 20110824164717-80
 Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Ronald K. Wilson
 Mailing Address 6800 Red Rock Road
 City Amarillo State TX Zip Code 79118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International, Inc. Occupation Renal Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00
 Date of Receipt 08 / 05 / 2011
Transaction ID: 20110810111554-89
 Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ronald K. Wilson		Date of Receipt	
	Mailing Address 6800 Red Rock Road		M M / D D / Y Y Y Y 08 / 19 / 2011	
	City	State	Zip Code	Transaction ID: 20110824164717-90
	Amarillo	TX	79118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Baxter International, Inc.		Occupation Renal Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00		

B.	Full Name (Last, First, Middle Initial) Carl Wilt		Date of Receipt	
	Mailing Address 38465 N Burr Oak Ln		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	Transaction ID: 20110810111554-38
	Wadsworth	IL	60083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Baxter International, Inc.		Occupation VP I, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

C.	Full Name (Last, First, Middle Initial) Carl Wilt		Date of Receipt	
	Mailing Address 38465 N Burr Oak Ln		M M / D D / Y Y Y Y 08 / 19 / 2011	
	City	State	Zip Code	Transaction ID: 20110824164717-38
	Wadsworth	IL	60083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Baxter International, Inc.		Occupation VP I, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter International, Inc. VP, SC - US Med Products

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 891.85

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-92

Amount of Each Receipt this Period
53.15

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

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

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter International, Inc. VP, SC - US Med Products

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 891.85

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 20110824164717-93

Amount of Each Receipt this Period
53.15

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

Mailing Address 400 Village Green Drive Unit 106
Unit 106

City State Zip Code
Lincolnshire IL 60069

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

Name of Employer Occupation
Baxter International, Inc. VP, Quality GIS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 20110810111554-93

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 156.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 65 / 77	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Mahshid R. Zahed		Date of Receipt																					
	Mailing Address 400 Village Green Drive Unit 106 Unit 106		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	9		2	0	1	1														
	City State Zip Code Lincolnshire IL 60069		Transaction ID: 20110824164717-94																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																					
Name of Employer Baxter International, Inc.		Occupation VP, Quality GIS																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00																						

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	7663.29

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Friends of Dick Lugar Inc <hr/> Mailing Address PO Box 55952 <hr/> City Indianapolis State IN Zip Code 46205 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Richard Green Lugar <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6A3971295D7C9A36FB Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 700 13th Street, NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14B3BB9A89CCF029E69 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress <hr/> Mailing Address 6 E Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Lucille Roybal-Allard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 192C6186B8BF9EDA69D Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 77

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

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

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

A.

Full Name (Last, First, Middle Initial)
Matsui for Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
2012 Primary

Candidate Name
Doris O. Matsui

Office Sought: House
 Senate
 President

State: CA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D1262BCFFBC34A1D2CB

Date of Disbursement

08 / 18 / 2011

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

8000.00

**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)

PAGE 68 / 77

<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

<p>A. Full Name (Last, First, Middle Initial) Batchelder for Representative Committee</p> <p>Mailing Address 4086 Irvine Oval</p> <p>City Medina State OH Zip Code 44256</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 08BE3660E2E8555B00C</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Carlos Uresti Campaign</p> <p>Mailing Address PO Box 240431</p> <p>City San Antonio State TX Zip Code 78224</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4B8F583F50C6A003A05</p> <p>Date of Disbursement 08 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Amstutz</p> <p>Mailing Address 4456 WOOD LAKE TRAIL</p> <p>City Wooster State OH Zip Code 44691</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 73CDA3A4B3E47CA1651</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: (check only one)

PAGE 69 / 77

<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

<p>A. Full Name (Last, First, Middle Initial) Citizens for Carey</p> <p>Mailing Address 77 South High Street 13th Floor</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4676799B76BD7764B65</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener</p> <p>Mailing Address 23 S Center St Suite 103</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18C8D6A17B0500BBE8</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Elect Heddens</p> <p>Mailing Address 4541 513th Ave</p> <p>City Ames State IA Zip Code 50014</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B15B0007FDF50E11653</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2350.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 77

<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

A. Full Name (Last, First, Middle Initial) Committee to Elect Heddens <hr/> Mailing Address 4541 513th Ave <hr/> City Ames State IA Zip Code 50014 <hr/> Purpose of Disbursement Uncashed 8/3/11 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F2E98AAD7D62421C33C Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
	Amount of Each Disbursement this Period -350.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Lynn Wachtmann <hr/> Mailing Address 550 Euclid <hr/> City Napoleon State OH Zip Code 43545 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 62A1AC105F7ECAEB950 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to elect Niehaus <hr/> Mailing Address 1131 LITTLE INDIAN CREEK RD <hr/> City New Richmond State OH Zip Code 45157 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C2338F96CCBBEDBC6DC Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Senator Jane Nelson</p> <p>Mailing Address P.O. Box 608</p> <p>City Grapevine State TX Zip Code 76099</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 64A9EE16D1C56E5EE0A</p> <p>Date of Disbursement 08 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Heaton for House</p> <p>Mailing Address 510 East Washington</p> <p>City Mt. Pleasant State IA Zip Code 52641</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40DA942B705EC015144</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Heaton for House</p> <p>Mailing Address 510 East Washington</p> <p>City Mt. Pleasant State IA Zip Code 52641</p> <p>Purpose of Disbursement Uncashed 8/3/11 contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0C60CA2A855862C41A9</p> <p>Date of Disbursement 08 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -350.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Iowa for McKinley <hr/> Mailing Address 21884 483rd Lane <hr/> City Chariton State IA Zip Code 50049 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F6F26C2D30B02F03E3F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 400.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Iowa for McKinley <hr/> Mailing Address 21884 483rd Lane <hr/> City Chariton State IA Zip Code 50049 <hr/> Purpose of Disbursement Uncashed 8/3/11 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4446C7D4536C3CB8B62 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period -400.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Zerwas Campaign <hr/> Mailing Address PO Box 852 <hr/> City Flushear State TX Zip Code 77441 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 356E0AD3797694667BB Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<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

A.	Full Name (Last, First, Middle Initial) Johnson for Senate Number 3 Mailing Address PO Box 279 City Occheyedan State IA Zip Code 51354 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4204147715ED60688D4 Date of Disbursement 08 / 03 / 2011 Amount of Each Disbursement this Period 350.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Johnson for Senate Number 3 Mailing Address PO Box 279 City Occheyedan State IA Zip Code 51354 Purpose of Disbursement Uncashed 8/3/11 contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0E6A1317ABA5BEACAA4 Date of Disbursement 08 / 31 / 2011 Amount of Each Disbursement this Period -350.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Kettering Campaign Mailing Address 275 Crescent Park Drive City Lake View State IA Zip Code 51450 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F5EFB59B4521DFA4340 Date of Disbursement 08 / 03 / 2011 Amount of Each Disbursement this Period 300.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER: (check only one)

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<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

<p>A. Full Name (Last, First, Middle Initial) Kettering Campaign</p> <p>Mailing Address 275 Crescent Park Drive</p> <p>City Lake View State IA Zip Code 51450</p> <p>Purpose of Disbursement Uncashed 8/3/11 contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4AD0778F85B608FC453</p> <p>Date of Disbursement 08 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -300.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mark Smith for House</p> <p>Mailing Address 816 Roberts Terrace</p> <p>City Marshalltown State IA Zip Code 50158</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8B00E53FD2AE276D79F</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mark Smith for House</p> <p>Mailing Address 816 Roberts Terrace</p> <p>City Marshalltown State IA Zip Code 50158</p> <p>Purpose of Disbursement Uncashed 8/3/11 contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9DF636065140C8CF0B5</p> <p>Date of Disbursement 08 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -350.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-300.00

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

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

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

FOR LINE NUMBER: (check only one)

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<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

<p>A. Full Name (Last, First, Middle Initial) Neighbors for Hatch</p> <p>Mailing Address 1312 Locust St</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80E7BEC D192E89B697A</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>B. Full Name (Last, First, Middle Initial) Neighbors for Hatch</p> <p>Mailing Address 1312 Locust St</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Uncashed 8/3/11 contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 58EFA495F1F9D3C7989</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-350.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>C. Full Name (Last, First, Middle Initial) Schulte for House</p> <p>Mailing Address 1734 Chestnut Lane NE</p> <p>City Cedar Rapids State IA Zip Code 52402</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1CBE249BB08593720D8</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Schulte for House</p> <p>Mailing Address 1734 Chestnut Lane NE</p> <p>City Cedar Rapids State IA Zip Code 52402</p> <p>Purpose of Disbursement Uncashed 8/3/11 contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F326976C814F847694C</p> <p>Date of Disbursement 08 / 31 / 2011</p> <p>Amount of Each Disbursement this Period -350.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Shannon Jones for Senate</p> <p>Mailing Address 800 Valley View Point</p> <p>City Cincinnati State OH Zip Code 45219</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E7E6F80CF2FDA7AA72E</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Team Burke</p> <p>Mailing Address 275 W 4th St.</p> <p>City Marysville State OH Zip Code 43040</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FDA489FA6071B1ADA44</p> <p>Date of Disbursement 08 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1150.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Texans for Dan Patrick <hr/> Mailing Address PO Box 70073 <hr/> City Houston State TX Zip Code 77270 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87D99D2092C69D81BE4 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) The Lois W. Kolkhorst Campaign <hr/> Mailing Address PO Box 2546 <hr/> City Brenham State TX Zip Code 77834 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1A1904EC4718260B26 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tracy King Committee <hr/> Mailing Address PO Box 418 <hr/> City Batesville State TX Zip Code 78829 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1FFC2DD9AD46A1F4AFC Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	1500.00