

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Baxter Healthcare Political Action Committee

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

Check if different than previously reported. (ACC)

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

C C00117838

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on 11 / 04 / 2014 in the State of 0

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Sarah Creviston [Electronically Filed] Date 10 / 21 / 2014

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="79859.96"/>	<input type="text" value="79859.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39691.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5085.30"/>	<input type="text" value="120198.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="44776.87"/>	<input type="text" value="200058.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="162281.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37776.87"/>	<input type="text" value="37776.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4540.00	73642.98
(ii) Unitemized	545.30	44356.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5085.30	117999.95
(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)	5085.30	117999.95
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	2198.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5085.30	120198.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5085.30	120198.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	31.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	31.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	131000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	31250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	162281.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	162281.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5085.30	117999.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5085.30	117999.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	31.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	31.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 68
	<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. Karen Andrews
Full Name (Last, First, Middle Initial)

Mailing Address 10146 E Morning Star Dr

City State Zip Code
Scottsdale AZ 85255-8620

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

Name of Employer Occupation
Baxter Healthcare Corporation BioT Principal TBM Pulmonary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.87

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-94

Amount of Each Receipt this Period
13.67

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

Mailing Address 5343 N Lakewood Ave

City State Zip Code
Chicago IL 60640-2208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-75

Amount of Each Receipt this Period
100.00

C. Julia A. Bean
Full Name (Last, First, Middle Initial)

Mailing Address 7731 148th St

City State Zip Code
Scotch Grove IA 52310-7459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-88

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey A. Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 N Harbor Dr
 Apt 802
 City Chicago State IL Zip Code 60601-7519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-29
 Amount of Each Receipt this Period
 100.00

B. William Kevin Beckham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Grace Ln
 City Mountain Home State AR Zip Code 72653-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-63
 Amount of Each Receipt this Period
 20.00

C. Mariko Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1772 Dryden Way
 City Crofton State MD Zip Code 21114-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-190
 Amount of Each Receipt this Period
 15.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2704 Oakmont Ct

City State Zip Code
 Weston FL 33332-1834

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

Name of Employer Occupation
 Baxter Export Corporation VP, Ops - MP LA Area

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1144.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-241

Amount of Each Receipt this Period
 54.76

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

Mailing Address 5172 Ohio St

City State Zip Code
 Yorba Linda CA 92886-4115

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

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Dir, ePedigree Program

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-93

Amount of Each Receipt this Period
 25.00

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

Mailing Address PO Box 747
 Baxter Expat Admin

City State Zip Code
 Deerfield IL 60015-0747

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

Name of Employer Occupation
 Baxter Export Corporation VP, HR-BGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-250

Amount of Each Receipt this Period
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Linda K. Boltz

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-158

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Melissa K. Bowie

Mailing Address 345 North Lasalle Boulevard Unit 4307

City Chicago State IL Zip Code 60654

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-205

Amount of Each Receipt this Period
10.00

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

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Sales - National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-137

Amount of Each Receipt this Period
20.00

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 10 OF 68
<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. Michael Bradley
Full Name (Last, First, Middle Initial)
Mailing Address 137 Glenview Dr
City State Zip Code
Martinez CA 94553-5863
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baxter Healthcare Corporation VP, Healthcare Econ & Reimburs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-38
Amount of Each Receipt this Period
40.00

B. Jan M. Brase
Full Name (Last, First, Middle Initial)
Mailing Address 15 Manitoba Woods Ln
City State Zip Code
Spencerport NY 14559-2405
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baxter Healthcare Corporation Dir, Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-206
Amount of Each Receipt this Period
20.00

C. Tywnia Brewton
Full Name (Last, First, Middle Initial)
Mailing Address 36214 N Back Bay Ct
City State Zip Code
Gurnee IL 60031-4505
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baxter Healthcare Corporation Mgr, Business HR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-117
Amount of Each Receipt this Period
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
	<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. Katrina Britton
Full Name (Last, First, Middle Initial)

Mailing Address 1250 Graynold Ave

City Glendale State CA Zip Code 91202-2021

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **251.70**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-248

Amount of Each Receipt this Period **12.04**

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

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207-1707

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - Plasma

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1597.07**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-256

Amount of Each Receipt this Period **78.72**

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

Mailing Address 1091 Pine Meadow Ct

City Vernon Hills State IL Zip Code 60061-2572

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1462.47**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-47

Amount of Each Receipt this Period **70.19**

SUBTOTAL of Receipts This Page (optional)..... **160.95**

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

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

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

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

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

Mailing Address 1102 W Alexandria St

City State Zip Code
Arlington Heights IL 60004-2941

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

Name of Employer Occupation
Baxter Healthcare Corporation Director of IT Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-191

Amount of Each Receipt this Period
10.00

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

Mailing Address 14295 W Lyle Ct

City State Zip Code
Libertyville IL 60048-4835

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Marketing US BGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-136

Amount of Each Receipt this Period
10.00

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

Mailing Address 1158 Lynette Dr

City State Zip Code
Lake Forest IL 60045-4601

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

Name of Employer Occupation
Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-251

Amount of Each Receipt this Period
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 68
	<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. Dori Capretti
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Sidney St

City Pittsburgh State PA Zip Code 15203-2117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-213

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1721 Dewes St

City Glenview State IL Zip Code 60025-4301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-185

Amount of Each Receipt this Period
 25.00

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

Mailing Address 1090 Medford Rd

City Pasadena State CA Zip Code 91107-1701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-69

Amount of Each Receipt this Period
 25.00

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

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

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

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

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

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

Mailing Address 120 Roslyn Rd

City Barrington State IL Zip Code 60010-2825

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-35

Amount of Each Receipt this Period
100.00

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

Mailing Address 1255 Town Center Rd Unit 3Q

City Vernon Hills State IL Zip Code 60061-4194

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-210

Amount of Each Receipt this Period
50.00

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

Mailing Address 1006 S St NW

City Washington State DC Zip Code 20001-5073

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **977.49**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-197

Amount of Each Receipt this Period
46.85

SUBTOTAL of Receipts This Page (optional)..... **106.85**

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: (check only one)	PAGE 15 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010-6950

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2482.59

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-42

Amount of Each Receipt this Period 118.95

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

Mailing Address 153 Calle Violeta

City San Juan State PR Zip Code 00927-6208

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1215.57

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-27

Amount of Each Receipt this Period 58.13

c. Charles W. Cush
Full Name (Last, First, Middle Initial)

Mailing Address 815 N Webster St

City Naperville State IL Zip Code 60563-3059

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-222

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.08

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 16 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ronald L. Czaplicki
 Mailing Address 17525 W Cottonwood Ct
 City State Zip Code
 Grayslake IL 60030-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Strategic Pricing & Contr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-37
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Salvatore S. Dadouche
 Mailing Address 868 Interlaken Dr
 City State Zip Code
 Lake Zurich IL 60047-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Comp, Benefits & HR Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-11
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Lawrence E. Davis
 Mailing Address 8768 Gum Tree Cv
 City State Zip Code
 Cordova TN 38018-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Mgr II, Quality
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-214
 Amount of Each Receipt this Period
 10.00

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

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

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

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

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

Mailing Address 2330 W Course Dr

City Riverwoods State IL Zip Code 60015-1768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1019.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-115

Amount of Each Receipt this Period
48.81

B. Philip C. Duplantis
Full Name (Last, First, Middle Initial)

Mailing Address 1704 College St

City Cleveland State MS Zip Code 38732-2929

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-6

Amount of Each Receipt this Period
10.00

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

Mailing Address 5213 S Jordan Ln

City Spokane State WA Zip Code 99224-5342

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-31

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	78.81
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kathryn T. Edinger

Mailing Address 1122 N Clark St
 Apt 3810

City Chicago State IL Zip Code 60610-2898

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

Name of Employer Baxter Healthcare Corporation Occupation RM, MD Portfolio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 232.47

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-100

Amount of Each Receipt this Period
 16.35

Full Name (Last, First, Middle Initial)
B. Carlos Humberto Escobar

Mailing Address 1886 NW 140th Ter

City Pembroke Pines State FL Zip Code 33028-2845

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

Name of Employer Baxter Export Corporation Occupation GM, OLA - BGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-208

Amount of Each Receipt this Period
 10.00

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

Mailing Address 189 Lions Ct

City Lake Zurich State IL Zip Code 60047-7012

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-28

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-166

Amount of Each Receipt this Period 50.00

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

Mailing Address 746 S River Rd

City Naperville State IL Zip Code 60540-6333

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-111

Amount of Each Receipt this Period 12.00

C. M. Shayne Freeman
Full Name (Last, First, Middle Initial)

Mailing Address 2839 N Raintree Dr

City Fayetteville State AR Zip Code 72703-4517

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-142

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 68
	<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. Guy G. Fusco
Full Name (Last, First, Middle Initial)

Mailing Address 572 Greenway Dr

City Lake Forest State IL Zip Code 60045-4801

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-264

Amount of Each Receipt this Period
20.00

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

Mailing Address 14334 Spring Meadow Ct

City Libertyville State IL Zip Code 60048-2490

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1802.85

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-106

Amount of Each Receipt this Period
86.31

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

Mailing Address 3005 S Forrester St

City Bloomington State IN Zip Code 47401-4494

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Business HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-237

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<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. Zhanna Gevorkian
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Camulos Ave

City Glendale State CA Zip Code 91208-2409

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.96**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-122

Amount of Each Receipt this Period
12.26

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

Mailing Address 1242 N Lake Shore Dr

City Chicago State IL Zip Code 60610-2332

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-49

Amount of Each Receipt this Period
10.00

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

Mailing Address 3775 Riverly Trce

City Marietta State GA Zip Code 30067-4241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1301.70**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-86

Amount of Each Receipt this Period
62.42

SUBTOTAL of Receipts This Page (optional)..... **84.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 68
	<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. Amy W. Gillum
Full Name (Last, First, Middle Initial)

Mailing Address 38358 N Munn Rd

City Lake Villa State IL Zip Code 60046-8816

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Containers

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-14

Amount of Each Receipt this Period
10.00

B. Ralph L. Glover
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Westberry Ct

City Lake Zurich State IL Zip Code 60047-1400

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-133

Amount of Each Receipt this Period
10.00

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

Mailing Address 648 Cameron Dr

City Antioch State IL Zip Code 60002-1185

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-172

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 68
	<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. Tara L. Greene
Full Name (Last, First, Middle Initial)

Mailing Address 730 Windermere Xing E

City Madisonville	State LA	Zip Code 70447-3150
----------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Group Mgr
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : 20141020102959-174

Amount of Each Receipt this Period

50.00	50.00	50.00	50.00	50.00
15.00				

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

Mailing Address 909 Clinton Pl

City River Forest	State IL	Zip Code 60305-1503
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : 20141020102959-51

Amount of Each Receipt this Period

50.00	50.00	50.00	50.00	50.00
25.00				

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

Mailing Address PO Box 747
Baxter Expat Admin

City Deerfield	State IL	Zip Code 60015-0747
-------------------	-------------	------------------------

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

Name of Employer Baxter World Trade Corporation	Occupation Mgr II, Finance
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : 20141020102959-92

Amount of Each Receipt this Period

50.00	50.00	50.00	50.00	50.00
10.00				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Suzann Hammel
Full Name (Last, First, Middle Initial)

Mailing Address 121 33rd Ave

City Kenosha State WI Zip Code 53144-1063

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 / /
 10 / 10 / 2014
Transaction ID : 20141020102959-207

Amount of Each Receipt this Period
 10.00

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

Mailing Address 13382 Andalusia Dr

City Santa Rosa Valley State CA Zip Code 93012-9045

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 / /
 10 / 10 / 2014
Transaction ID : 20141020102959-62

Amount of Each Receipt this Period
 10.00

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

Mailing Address 1860 Fairport Dr

City Grayslake State IL Zip Code 60030-7947

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

Name of Employer Baxter Occupation Dir, Payer & Channel Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 / /
 10 / 10 / 2014
Transaction ID : 20141020102959-249

Amount of Each Receipt this Period
 50.00

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 25 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Aaron J. Hebbeln

Mailing Address 1305 Kristin Dr

City State Zip Code
 Libertyville IL 60048-1285

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

Name of Employer Occupation
 Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-224

Amount of Each Receipt this Period
 30.00

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

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-131

Amount of Each Receipt this Period
 60.14

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

Mailing Address 126 Homewood Ave

City State Zip Code
 Libertyville IL 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-193

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
	<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. Richard J. Houge
Full Name (Last, First, Middle Initial)

Mailing Address 5735 N Bay Ridge Ave

City State Zip Code
Whitefish Bay WI 53217-4719

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

Name of Employer Occupation
Baxter Healthcare Corporation Renal Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-34

Amount of Each Receipt this Period
10.00

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

Mailing Address 5028 Belmont Ave S

City State Zip Code
Minneapolis MN 55419-1312

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
735.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-216

Amount of Each Receipt this Period
35.00

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

Mailing Address 2208 Wesley Ave

City State Zip Code
Evanston IL 60201-2648

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 ▼
1941.09

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014
Transaction ID : 20141020102959-33

Amount of Each Receipt this Period
92.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 137.85

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: (check only one)	PAGE 27 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 130 W Lincoln Ave

City State Zip Code
Libertyville IL 60048-2721

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.38

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-56

Amount of Each Receipt this Period
43.56

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

Mailing Address 739 Kimball Rd

City State Zip Code
Highland Park IL 60035-3616

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Program Mgmt - Plasma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-215

Amount of Each Receipt this Period
10.00

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

Mailing Address 2322 Central Park Ave

City State Zip Code
Evanston IL 60201-1810

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-74

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	73.56
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 31385 W Somerset Cir

City Libertyville State IL Zip Code 60048-4886

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 10 / 2014**

Transaction ID : 20141020102959-61

Amount of Each Receipt this Period **25.00**

B. Kimberly L. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 164 Clear Creek Rd

City Shelbyville State KY Zip Code 40065-9652

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

Name of Employer Baxter Healthcare Corporation Occupation Group Reimbursement Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 10 / 2014**

Transaction ID : 20141020102959-44

Amount of Each Receipt this Period **10.00**

C. Julie L. Junkin
Full Name (Last, First, Middle Initial)

Mailing Address 932 Wilmette Ter

City Lake Zurich State IL Zip Code 60047-2162

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 10 / 2014**

Transaction ID : 20141020102959-57

Amount of Each Receipt this Period **10.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1520 Greystone Dr

City Gurnee State IL Zip Code 60031-9128

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-153

Amount of Each Receipt this Period 25.00

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

Mailing Address 821 Windsor Rd

City Glenview State IL Zip Code 60025-3128

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-227

Amount of Each Receipt this Period 25.00

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

Mailing Address PO Box 747
Baxter Expat Admin

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter Healthcare Corporation Occupation GM, UK & Ireland

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.20

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-58

Amount of Each Receipt this Period 67.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.31

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

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

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

FOR LINE NUMBER: PAGE 30 OF 68
(check only one)

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

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

Mailing Address 1240 S Walnut Ave

City State Zip Code
Arlington Heights IL 60005-3056

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-99

Amount of Each Receipt this Period
50.00

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

Mailing Address 2308 Isabella St

City State Zip Code
Evanston IL 60201-1405

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

Name of Employer Occupation
Baxter International Inc. Senior Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-151

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Thomas K. Kroeger

Mailing Address 12538 Landeck Rd

City State Zip Code
Delphos OH 45833-9600

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

Name of Employer Occupation
BioLife Plasma L.L.C. Division Quality Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.50

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-81

Amount of Each Receipt this Period
10.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2261 Zach Scott St

City Austin State TX Zip Code 78723-5463

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **597.00**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-95

Amount of Each Receipt this Period **28.56**

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

Mailing Address 1072 S Rockwell St

City Gilbert State AZ Zip Code 85296-8889

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-183

Amount of Each Receipt this Period **10.00**

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

Mailing Address 1175 Museum Blvd Unit 210

City Vernon Hills State IL Zip Code 60061-3156

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1636.98**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-53

Amount of Each Receipt this Period **78.50**

SUBTOTAL of Receipts This Page (optional)..... **117.06**

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 32 OF 68
	<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. Mary F. Lemke
Full Name (Last, First, Middle Initial)

Mailing Address 3121 Renaissance Way NE

City Atlanta State GA Zip Code 30308-2463

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-4

Amount of Each Receipt this Period
 16.35

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

Mailing Address 319 Vincent Ct

City Lake Bluff State IL Zip Code 60044-2758

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

Name of Employer Baxter Healthcare Corporation Occupation GM, US Hemophilia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-163

Amount of Each Receipt this Period
 25.00

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

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-170

Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional).....▶	86.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Josephine M. Li-McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 758 Cranmont Ct
 City State Zip Code
 Simi Valley CA 93065-7075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Director, MORE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-67
 Amount of Each Receipt this Period
 25.00

B. John W. Lifer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 E Country Rdg
 City State Zip Code
 Fayetteville AR 72701-7455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BioLife Plasma L.L.C. Plasma Center Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-175
 Amount of Each Receipt this Period
 25.00

C. Ronald K. Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 W Delaware Pl
 Unit 2603
 City State Zip Code
 Chicago IL 60610-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation GFH, BioTherapeutics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-76
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 34 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Scott P. Luce

Mailing Address 1311 Kristin Dr

City State Zip Code
 Libertyville IL 60048-1285

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

Name of Employer Occupation
 Baxter Healthcare Corporation GM, US Med Delivery

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-173

Amount of Each Receipt this Period
 200.00

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

Mailing Address 11 Heath Pkwy

City State Zip Code
 Middletown NJ 07748-1718

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

Name of Employer Occupation
 Baxter Healthcare Corporation Hemophilia TBM

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-154

Amount of Each Receipt this Period
 15.00

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

Mailing Address 400 Hill Ct

City State Zip Code
 Prospect Heights IL 60070-1310

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

Name of Employer Occupation
 Baxter Healthcare Corporation Mgr, Contracts

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-255

Amount of Each Receipt this Period
 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 68
	<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. Michelle P. Luo
Full Name (Last, First, Middle Initial)

Mailing Address 9 Elsinoor Dr

City Lincolnshire State IL Zip Code 60069-3118

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Market Access

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-147

Amount of Each Receipt this Period
10.00

B. Glen A. Lyles
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1316

City Shelby State MS Zip Code 38774-1316

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

Name of Employer Baxter Healthcare Corporation Occupation Manager II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-130

Amount of Each Receipt this Period
10.00

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

Mailing Address 6625 Barnaby St NW

City Washington State DC Zip Code 20015-2331

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Legislative Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-164

Amount of Each Receipt this Period
35.00

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 36 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10680 Red Leaf Cir

City Village Of Lakewoo State IL Zip Code 60014-4852

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.95**

Date of Receipt
 / /
Transaction ID : 20141020102959-12

Amount of Each Receipt this Period

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

Mailing Address 1760 Duffy Ln

City Bannockburn State IL Zip Code 60015-1512

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4239.57**

Date of Receipt
 / /
Transaction ID : 20141020102959-104

Amount of Each Receipt this Period

C. John A. McCoy
Full Name (Last, First, Middle Initial)

Mailing Address 122 Surrey Ln

City Lake Forest State IL Zip Code 60045-3472

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 / /
Transaction ID : 20141020102959-126

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **245.08**

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: (check only one)	PAGE 37 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin K. McCulloch
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Greenwood Ave
 City Wilmette State IL Zip Code 60091-1748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, Global Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-258
 Amount of Each Receipt this Period 10.00

B. Jodi L. McKelvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 James Ct
 City Waunakee State WI Zip Code 53597-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Healthcare Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-178
 Amount of Each Receipt this Period 10.00

C. Daniel S. McRae
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 Redding Rd NE
 City Atlanta State GA Zip Code 30319-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-98
 Amount of Each Receipt this Period 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6320 Longwood Rd

City Libertyville State IL Zip Code 60048-9447

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 567.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-21

Amount of Each Receipt this Period 27.00

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

Mailing Address 106 S Sangamon St Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-140

Amount of Each Receipt this Period 25.00

C. Donna Ann Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 614 Vista Falls Rd

City Mills River State NC Zip Code 28759-6531

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-195

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<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. Chris C. Miskel
Full Name (Last, First, Middle Initial)

Mailing Address 1950 Lake Charles Dr

City State Zip Code
Vernon Hills IL 60061-4578

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1109.82

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-240

Amount of Each Receipt this Period
53.22

B. Barbara E. Morris
Full Name (Last, First, Middle Initial)

Mailing Address 924 N Saratoga Dr

City State Zip Code
Palatine IL 60074-3729

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

Name of Employer Occupation
Baxter Healthcare Corporation Sr Medical Dictionary Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-23

Amount of Each Receipt this Period
10.00

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

Mailing Address 4 Lost Meadow Cv

City State Zip Code
The Hills TX 78738-1341

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

Name of Employer Occupation
Baxter Healthcare Corporation Renal Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-107

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **88.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 68
	<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. Gregory C. Neier
Full Name (Last, First, Middle Initial)

Mailing Address 26W201 Tomahawk Dr

City Wheaton State IL Zip Code 60189-1513

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-180

Amount of Each Receipt this Period
 50.00

B. Chad L. Ness
Full Name (Last, First, Middle Initial)

Mailing Address 343 Park Ave # 7E

City Highland Park State IL Zip Code 60035-2658

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-235

Amount of Each Receipt this Period
 10.00

C. Gwen E. Nielsen
Full Name (Last, First, Middle Initial)

Mailing Address 909 Hobson Dr

City Buffalo Grove State IL Zip Code 60089-7019

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Sales Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-204

Amount of Each Receipt this Period
 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 791 Summit Ave

City Lake Forest State IL Zip Code 60045-1830

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **945.00**

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-8

Amount of Each Receipt this Period
45.00

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

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622-1123

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-113

Amount of Each Receipt this Period
20.00

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

Mailing Address 439 Center Rd

City Ozark State MO Zip Code 65721-6167

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-103

Amount of Each Receipt this Period
10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-72
 Amount of Each Receipt this Period 0.00

B. Timothy J. Pasternak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1933 Oak Tree Trl
 City Lake Villa State IL Zip Code 60046-7557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-116
 Amount of Each Receipt this Period 15.00

C. Jed M. Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 9078 Brook Ford Rd
 City Burke State VA Zip Code 22015-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Affairs & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-143
 Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 68
(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. Linda J. Peters
 Full Name (Last, First, Middle Initial)
 Mailing Address 14866 Sanctuary Ln
 City State Zip Code
 Libertyville IL 60048-9611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, RA - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-196
 Amount of Each Receipt this Period
 100.00

B. Carla D. Pittman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3933 Kenway Ave
 City State Zip Code
 Los Angeles CA 90008-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1514.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-59
 Amount of Each Receipt this Period
 72.12

C. Thomas J. Progar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2907 Sweetwater Ln
 City State Zip Code
 Johnsburg IL 60051-5187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-13
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.12
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-186

Amount of Each Receipt this Period
 20.00

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

Mailing Address 3223 Epstein Cir

City Mundelein State IL Zip Code 60060-6049

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

Name of Employer BioLife Plasma L.L.C. Occupation Sr Mgr, Reg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 509.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-161

Amount of Each Receipt this Period
 24.38

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

Mailing Address 19 Wimbledon Ct

City Lincolnshire State IL Zip Code 60069-2127

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-71

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Philip D. Rackliffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 McClellan Dr
 City Lindenhurst State IL Zip Code 60046-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-118
 Amount of Each Receipt this Period
 10.00

B. G. Joseph Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1677 Greene Ridge Dr
 City Naperville State IL Zip Code 60565-6752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Research Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-123
 Amount of Each Receipt this Period
 10.00

C. Jeffrey G. Reading
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 Pawnee Xing
 City Edmond State OK Zip Code 73034-6873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-48
 Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 10210 Angora Dr

City Cheltenham State MD Zip Code 20623-1068

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

Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-245

Amount of Each Receipt this Period
25.00

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

Mailing Address 1316 Ashland Ave

City Wilmette State IL Zip Code 60091-1608

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-135

Amount of Each Receipt this Period
10.00

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

Mailing Address 27928 Periwinkle Ln

City Valencia State CA Zip Code 91354-1843

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **772.02**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-82

Amount of Each Receipt this Period
36.94

SUBTOTAL of Receipts This Page (optional)..... ► **71.94**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 68
	<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. Roibin Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 1419 W Berteau Ave
City Chicago State IL Zip Code 60613-1914
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2281.02

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-262
Amount of Each Receipt this Period 108.62

B. Eric A. Sato
Full Name (Last, First, Middle Initial)
Mailing Address 381 W Prairie Walk Ln
City Round Lake State IL Zip Code 60073-4255
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-159
Amount of Each Receipt this Period 25.00

c. David P. Scharf
Full Name (Last, First, Middle Initial)
Mailing Address 931 Oak St
City Winnetka State IL Zip Code 60093-2440
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter International Inc. Occupation CVP, General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2627.18

Date of Receipt 10 / 10 / 2014
Transaction ID : 20141020102959-91
Amount of Each Receipt this Period 125.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.20
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 OF 68
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Jessica A. Schreiner-Donnelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 Gilbert Ave
 City Eau Claire State WI Zip Code 54701-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Mgr II, Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-102
 Amount of Each Receipt this Period
 10.00

B. Joseph V. Schwan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Laburnum St
 City McLean State VA Zip Code 22101-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-160
 Amount of Each Receipt this Period
 10.00

C. Keith W. Scruggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 Willow Glen Cir Dir. Engineering
 City Simi Valley State CA Zip Code 93065-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-268
 Amount of Each Receipt this Period
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City Marion State NC Zip Code 28752-6014

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

Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.18**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-121

Amount of Each Receipt this Period
14.62

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

Mailing Address 150 W Superior St Apt 904

City Chicago State IL Zip Code 60654-8708

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-132

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
c. Shelley M. Shaw

Mailing Address PO Box 747 Baxter Expat Admin,

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter World Trade Corporation Occupation Dir, New Products Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-90

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... **34.62**

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

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

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

FOR LINE NUMBER: PAGE 50 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Timothy L. Shaw

Mailing Address 1351 Grey Wolf Dr

City State Zip Code
 Collierville TN 38017-8651

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

Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-162

Amount of Each Receipt this Period
 10.00

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

Mailing Address 66 Cooper Dr

City State Zip Code
 Glastonbury CT 06033-1020

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 555.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-112

Amount of Each Receipt this Period
 26.63

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

Mailing Address 3307 W Stonybrook Dr

City State Zip Code
 Anaheim CA 92804-3025

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

Name of Employer Occupation
 Baxter Healthcare Corporation Dir, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-97

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.63

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

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

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

FOR LINE NUMBER: PAGE 51 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City State Zip Code
 Wilmette IL 60091-3322

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

Name of Employer Occupation
 Baxter Healthcare Corporation VP, Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-194

Amount of Each Receipt this Period
 20.00

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

Mailing Address 869 Deep Woods Dr

City State Zip Code
 Marion NC 28752-8252

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

Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-39

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1555 Stratford Rd

City State Zip Code
 Deerfield IL 60015-2147

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

Name of Employer Occupation
 Baxter International Inc. Dir, Global Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 377.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-41

Amount of Each Receipt this Period
 18.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.27

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kris C. Steelman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2236

City Mountain Home State AR Zip Code 72654-2236

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-260

Amount of Each Receipt this Period
10.00

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

Mailing Address 3014 Greendale Dr NW

City Atlanta State GA Zip Code 30327-1609

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-78

Amount of Each Receipt this Period
11.41

C. Elizabeth L. Stoltz
Full Name (Last, First, Middle Initial)

Mailing Address 371 W Sparrow Dr

City Chandler State AZ Zip Code 85286-7762

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Reimb & Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-146

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **31.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Mathew A. Taylor

Mailing Address 7943 Bellflower Rd

City Mentor State OH Zip Code 44060-4006

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-165

Amount of Each Receipt this Period
10.00

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

Mailing Address 25 Doral Dr

City Hawthorn Woods State IL Zip Code 60047-8432

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-145

Amount of Each Receipt this Period
12.50

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

Mailing Address 1170 Rivers Reach Dr

City Charleston State SC Zip Code 29492-7819

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-199

Amount of Each Receipt this Period
12.54

SUBTOTAL of Receipts This Page (optional)..... ▶ **35.04**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 68
	<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. Heidi M. Valle
Full Name (Last, First, Middle Initial)

Mailing Address 300 Cole Ct

City Mankato State MN Zip Code 56001-6428

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **313.95**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-110

Amount of Each Receipt this Period **16.35**

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

Mailing Address 619 Oleander Dr

City Hallandale Beach State FL Zip Code 33009-6531

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2451.78**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-152

Amount of Each Receipt this Period **117.28**

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

Mailing Address 730 Lakewood Ln

City Marquette State MI Zip Code 49855-9518

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 10 / 2014**
Transaction ID : 20141020102959-46

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **158.63**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 68
	<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. Christopher P. Vlautin
Full Name (Last, First, Middle Initial)

Mailing Address 2343 Beckett Dr

City El Dorado Hills State CA Zip Code 95762-5213

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-171

Amount of Each Receipt this Period
20.00

B. Eric C. Walker
Full Name (Last, First, Middle Initial)

Mailing Address 1082 Lee Road 368

City Valley State AL Zip Code 36854-6532

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-22

Amount of Each Receipt this Period
20.00

C. Cary N. Wauters
Full Name (Last, First, Middle Initial)

Mailing Address 9212 Creemore Dr

City La Crescenta State CA Zip Code 91214-2338

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-148

Amount of Each Receipt this Period
10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 68
	<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. James M. Weidner
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Highview Dr

City State Zip Code
Crystal Lake IL 60012-2230

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-60

Amount of Each Receipt this Period
10.00

B. John Alan Weiler
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 747
Baxter Expat Admin

City State Zip Code
Deerfield IL 60015-0747

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

Name of Employer Occupation
Baxter World Trade Corporation Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-229

Amount of Each Receipt this Period
20.00

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

Mailing Address 1844 N Wilson Pl

City State Zip Code
Arlington Heights IL 60004-3800

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

Name of Employer Occupation
Baxter Healthcare Corporation Sr Mgr, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-20

Amount of Each Receipt this Period
10.00

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

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

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

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

FOR LINE NUMBER: PAGE 57 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Timothy White
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Paddock Ln
 City State Zip Code
 Libertyville IL 60048-3744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Manufacturing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-64
 Amount of Each Receipt this Period
 100.00

B. Ronald Kent Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8050 Little Fox Rd
 City State Zip Code
 Amarillo TX 79118-1129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Renal Account Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-254
 Amount of Each Receipt this Period
 20.00

C. Carl Wilt
 Full Name (Last, First, Middle Initial)
 Mailing Address 38465 N Burr Oak Ln
 City State Zip Code
 Wadsworth IL 60083-9548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Finance - US MD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-25
 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 58 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Scott W. Woidtke
 Full Name (Last, First, Middle Initial)
 Mailing Address 926 6th St SE
 City East Grand Forks State MN Zip Code 56721-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-65
 Amount of Each Receipt this Period
 9.90

B. Erica A. Wolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 W Kinzie St Apt 3904
 City Chicago State IL Zip Code 60654-5868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Mkt Strategy & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-201
 Amount of Each Receipt this Period
 25.00

C. James W. Yang
 Full Name (Last, First, Middle Initial)
 Mailing Address 3784 San Augustine Dr
 City Glendale State CA Zip Code 91206-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : 20141020102959-83
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	44.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 68
	<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. Subramaniam Yogendran
Full Name (Last, First, Middle Initial)

Mailing Address 1 Baxter Pkwy
Df 4-2E

City Deerfield State IL Zip Code 60015-4625

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1207.53

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-124

Amount of Each Receipt this Period
57.97

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

Mailing Address 591 Bluegrass St

City Simi Valley State CA Zip Code 93065-5458

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

Name of Employer BioLife Plasma L.L.C. Occupation VP II, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-18

Amount of Each Receipt this Period
10.00

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

Mailing Address 436 Linden St

City Winnetka State IL Zip Code 60093-2514

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 20141020102959-253

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.97

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 60 OF 68
(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)
Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : 20141020102959-9

Amount of Each Receipt this Period
25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	4540.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marino for Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
2014 General

011

Candidate Name

Thomas Anthony Marino

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 21FAD3FF6953F881C53

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Meeks for Congress

Mailing Address 153-01 Jamaica Ave., Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
2014 General

011

Candidate Name

Gregory W. Meeks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 90DC56AB3DE4BDBD75B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Gronstal

Mailing Address 220 Bennett Ave

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

Transaction ID : 36419E3C6D197FA75E8

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Citizens for Wessel-Kroeschell

Mailing Address 518 Ash Ave

City Ames State IA Zip Code 50014

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

Transaction ID : 79F95A102165665FB0A

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Bill Dotzler

Mailing Address 2837 Cedar Terrace Dr.

City Waterloo State IA Zip Code 50702

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

Transaction ID : 51AF9EAE2708B917C8B

Amount of Each Disbursement this Period

200.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Dvorsky

Mailing Address 412 6th Street

City Coralville State IA Zip Code 52241

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : E26752F42DE58E77E87

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Heddens

Mailing Address 4541 513th Ave

City Ames State IA Zip Code 50014

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : A7060B21EA5A653C303

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Concerned Citizens for Miller

Mailing Address 6766 Ridges Court

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : 1FD9753DAFA44B87353

Amount of Each Disbursement this Period

250.00

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

700.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends for Dix

Mailing Address 317 S Walnut

City Shell Rock State IA Zip Code 50670

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : BCEFBE5BAAE4E00EA3A

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Friends of Bill Anderson

Mailing Address 1138 Mason Ave

City Pierson State IA Zip Code 51048

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : FDB0CA7A2E8F72A0F88

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Friends of Whitver

Mailing Address 4019 NE Bellagio Circle

City Ankeny State IA Zip Code 50023

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : A8D909978E77256E0A8

Amount of Each Disbursement this Period

200.00

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

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Fry for Iowa House

Mailing Address 1473 195th Ave

City Osceola State IA Zip Code 50213

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : 4F5E39FC2C02215F968

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Iowans for Kirsten Running-Marquardt

Mailing Address 3515 Field Stone Place SW

City Cedar Rapids State IA Zip Code 52404

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : 12EFAD42C1AAC06071E

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jacoby for House

Mailing Address 2308 Northridge Drive

City Coralville State IA Zip Code 52241

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : B2435471AA79824BCD9

Amount of Each Disbursement this Period

200.00

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

650.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jorgensen for Iowa House

Mailing Address 5921 Pine View Dr

City State Zip Code
Sioux City IA 51106

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : 96F8A476EC326A8718C

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mark Segebart for Senate

Mailing Address 1820 350th Street

City State Zip Code
Vail IA 51465

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : A6DF9AE91739A659301

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mathis for State Senate

Mailing Address 1725 Mackenzie Drive

City State Zip Code
Cedar Rapids IA 52411

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2014

Transaction ID : AB64C5600C992948B2F

Amount of Each Disbursement this Period

200.00

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

650.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Paulsen for State House Committee

Mailing Address PO Box 250

City Hiawatha State IA Zip Code 52233

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A3649EFC1EFE7ED4C01

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. People for Pam Jochum

Mailing Address 2368 Jackson St

City Dubuque State IA Zip Code 52001

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : ACF199BC39E8F77FBAA

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ragan for Iowa Senate

Mailing Address 20 Granite Court SE

City Mason City State IA Zip Code 50401

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 298FE57C1A77F896E03

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Upmeyer for House

Mailing Address 2175 Pine Avenue

City Garner State IA Zip Code 50438

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 0C4A9F1311C500CB38E

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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