

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)
 - Jul 20 (M7)
 - May 20 (M5)
 - Jun 20 (M6)
 - Oct 20 (M10)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - 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 [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [06] / [01] / [2014] through [06] / [30] / [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 [07] / [14] / [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="98858.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12050.61"/>	<input type="text" value="77048.91"/>
(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="110908.87"/>	<input type="text" value="156908.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44500.00"/>	<input type="text" value="90500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="66408.87"/>	<input type="text" value="66408.87"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9367.58	41138.84
(ii) Unitemized	2683.03	35910.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12050.61	77048.91
(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)	12050.61	77048.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12050.61	77048.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12050.61	77048.91

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	82500.00
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	8000.00	8000.00
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)) ..	44500.00	90500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44500.00	90500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12050.61	77048.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12050.61	77048.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Katherine Azuara
Full Name (Last, First, Middle Initial)

Mailing Address 2621 Dorado Ct

City State Zip Code
Thousand Oaks CA 91362-4915

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

Name of Employer Occupation
Baxter Healthcare Corporation Head of Ext Quality/ Sr. Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-258

Amount of Each Receipt this Period
25.00

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

Mailing Address 2621 Dorado Ct

City State Zip Code
Thousand Oaks CA 91362-4915

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

Name of Employer Occupation
Baxter Healthcare Corporation Head of Ext Quality/ Sr. Dir.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 2014062614543-226

Amount of Each Receipt this Period
25.00

C. 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 ▼
1300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-180

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5343 N Lakewood Ave

City Chicago State IL Zip Code 60640-2208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-88

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. William Kevin Beckham

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 ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145448-46

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. William Kevin Beckham

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 ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-128

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 8 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2704 Oakmont Ct

City Weston State FL Zip Code 33332-1834

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **706.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-10

Amount of Each Receipt this Period
54.76

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

Mailing Address 2704 Oakmont Ct

City Weston State FL Zip Code 33332-1834

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **706.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-15

Amount of Each Receipt this Period
54.76

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

Mailing Address 5172 Ohio St

City Yorba Linda State CA Zip Code 92886-4115

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-123

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5172 Ohio St

City Yorba Linda State CA Zip Code 92886-4115

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-29

Amount of Each Receipt this Period
25.00

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

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 Export Corporation Occupation VP, HR-BGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-133

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 Deerfield State IL Zip Code 60015-0747

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-42

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda K. Boltz		Date of Receipt MM / DD / YYYY 06 / 06 / 2014 Transaction ID : 2014062614548-97
Mailing Address 315 Park Dr		Amount of Each Receipt this Period 25.00
City Palatine	State IL	Zip Code 60067-7732
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Linda K. Boltz		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 20140626145453-271
Mailing Address 315 Park Dr		Amount of Each Receipt this Period 25.00
City Palatine	State IL	Zip Code 60067-7732
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Gregg Boyer		Date of Receipt MM / DD / YYYY 06 / 06 / 2014 Transaction ID : 2014062614548-190
Mailing Address 242 W Waltann Ln		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

A. Gregg Boyer
 Full Name (Last, First, Middle Initial)
 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 ▼ 260.00

Date of Receipt
 06 / 20 / 2014
Transaction ID : 20140626145453-104
 Amount of Each Receipt this Period
 20.00

B. Jan M. Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Manitoba Woods Ln
 City Spencerport State NY Zip Code 14559-2405
 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 ▼ 260.00

Date of Receipt
 06 / 06 / 2014
Transaction ID : 2014062614548-65
 Amount of Each Receipt this Period
 20.00

C. Jan M. Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Manitoba Woods Ln
 City Spencerport State NY Zip Code 14559-2405
 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 ▼ 260.00

Date of Receipt
 06 / 20 / 2014
Transaction ID : 20140626145453-173
 Amount of Each Receipt this Period
 20.00

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

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

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

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

A. 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 ▼ **1014.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-194

Amount of Each Receipt this Period
78.72

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 ▼ **1014.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-112

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 ▼ **900.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-100

Amount of Each Receipt this Period
70.19

SUBTOTAL of Receipts This Page (optional)..... ▶ **227.63**

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

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

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061-2572

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

Name of Employer Occupation
Baxter International Inc. CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.95

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-273

Amount of Each Receipt this Period
70.19

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

Mailing Address 2420 Sidney St

City State Zip Code
Pittsburgh PA 15203-2117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 20140626145458-78

Amount of Each Receipt this Period
50.00

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

Mailing Address 2420 Sidney St

City State Zip Code
Pittsburgh PA 15203-2117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-200

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	170.19
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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Lauren 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-237
 Amount of Each Receipt this Period
 25.00

B. Lauren 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614543-181
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-28
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 77
	<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. Ronald D. Chase		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 20140626145453-74
Mailing Address 1090 Medford Rd		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Kevin Chedda		Date of Receipt MM / DD / YYYY 06 / 06 / 2014 Transaction ID : 2014062614548-156
Mailing Address 1758 E Hintz Rd		Amount of Each Receipt this Period 19.95
City Arlington Heights	State IL	Zip Code 60004-2287
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr I, Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.19	

Full Name (Last, First, Middle Initial) c. Kevin Chedda		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 20140626145453-64
Mailing Address 1758 E Hintz Rd		Amount of Each Receipt this Period 19.95
City Arlington Heights	State IL	Zip Code 60004-2287
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Mgr I, Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.19	

SUBTOTAL of Receipts This Page (optional).....▶	64.90
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 16 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5313 Abbey Dr

City McHenry State IL Zip Code 60050-5155

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-122

Amount of Each Receipt this Period
 25.00

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

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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-222

Amount of Each Receipt this Period
 50.00

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

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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-193

Amount of Each Receipt this Period
 50.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **602.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-229

Amount of Each Receipt this Period
46.85

Full Name (Last, First, Middle Initial)
B. 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 ▼ **602.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-164

Amount of Each Receipt this Period
46.85

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

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 ▼ **1530.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-57

Amount of Each Receipt this Period
118.95

SUBTOTAL of Receipts This Page (optional)..... ▶ **212.65**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 77
	<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. 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 ▼ 1530.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-154
 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 ▼ 750.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-5
 Amount of Each Receipt this Period
 58.13

c. 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 ▼ 750.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-7
 Amount of Each Receipt this Period
 58.13

SUBTOTAL of Receipts This Page (optional).....▶	235.21
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ronald L. Czaplicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 17525 W Cottonwood Ct
 City Grayslake State IL Zip Code 60030-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-117
 Amount of Each Receipt this Period
 20.00

B. Ronald L. Czaplicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 17525 W Cottonwood Ct
 City Grayslake State IL Zip Code 60030-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-48
 Amount of Each Receipt this Period
 20.00

C. Salvatore S. Dadouche
 Full Name (Last, First, Middle Initial)
 Mailing Address 868 Interlaken Dr
 City Lake Zurich State IL Zip Code 60047-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-44
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 868 Interlaken Dr

City Lake Zurich State IL Zip Code 60047-1338

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-126

Amount of Each Receipt this Period
 200.00

B. 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 ▼ 629.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145448-45

Amount of Each Receipt this Period
 48.81

C. 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 ▼ 629.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-127

Amount of Each Receipt this Period
 48.81

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.62

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: (check only one)	PAGE 21 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5213 S Jordan Ln

City State Zip Code
Spokane WA 99224-5342

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

Name of Employer Occupation
Baxter Healthcare Corporation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-118

Amount of Each Receipt this Period
20.00

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

Mailing Address 5213 S Jordan Ln

City State Zip Code
Spokane WA 99224-5342

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

Name of Employer Occupation
Baxter Healthcare Corporation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 2014062614548-120

Amount of Each Receipt this Period
20.00

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

Mailing Address 189 Lions Ct

City State Zip Code
Lake Zurich IL 60047-7012

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

Name of Employer Occupation
Baxter International Inc. Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-131

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-36

Amount of Each Receipt this Period
25.00

B. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-37

Amount of Each Receipt this Period
50.00

C. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-105

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 77
	<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. 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 Baxter World Trade Corporation Occupation VP, HR - Global Functions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-134

Amount of Each Receipt this Period
 20.00

B. 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 Baxter World Trade Corporation Occupation VP, HR - Global Functions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-39

Amount of Each Receipt this Period
 20.00

C. 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 Baxter Healthcare Corporation Occupation Dir, State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1112.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-27

Amount of Each Receipt this Period
 86.31

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

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

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

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
Libertyville IL 60048-2490

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1112.37

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-70

Amount of Each Receipt this Period
86.31

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

Mailing Address 3005 S Forrester St

City State Zip Code
Bloomington IN 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 ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 20140626145458-109

Amount of Each Receipt this Period
20.00

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

Mailing Address 3005 S Forrester St

City State Zip Code
Bloomington IN 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 ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-10

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

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

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

A. 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 ▼ **802.34**

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-204

Amount of Each Receipt this Period
62.42

B. 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 ▼ **802.34**

Date of Receipt
06 / 20 / 2014
Transaction ID : 20140626145453-124

Amount of Each Receipt this Period
62.42

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 ▼ **390.00**

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-241

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **154.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 77
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-232

Amount of Each Receipt this Period
30.00

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 20140626145458-53

Amount of Each Receipt this Period
25.00

C. 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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-144

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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

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

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

Mailing Address 1305 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-207

Amount of Each Receipt this Period
30.00

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

Mailing Address 1305 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-131

Amount of Each Receipt this Period
30.00

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

Mailing Address 1340 Crest Rd

City Libertyville State IL Zip Code 60048-1515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-147

Amount of Each Receipt this Period
60.14

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.14**

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

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

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

Mailing Address 1340 Crest Rd

City State Zip Code
Libertyville IL 60048-1515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.64

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-106

Amount of Each Receipt this Period
60.14

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

Mailing Address 126 Homewood Ave

City State Zip Code
Libertyville IL 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 20140626145458-106

Amount of Each Receipt this Period
50.00

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

Mailing Address 126 Homewood Ave

City State Zip Code
Libertyville IL 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-5

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.14

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 29 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Baxter Healthcare Political Action Committee

A. Kim Isenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Belmont Ave S
 City Minneapolis State MN Zip Code 55419-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Manager, Reimb and Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 06 / 2014
Transaction ID : 2014062614548-249
 Amount of Each Receipt this Period 35.00

B. Kim Isenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Belmont Ave S
 City Minneapolis State MN Zip Code 55419-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Manager, Reimb and Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 20 / 2014
Transaction ID : 20140626145453-206
 Amount of Each Receipt this Period 35.00

C. Irene P. Jakimcius
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Wesley Ave
 City Evanston State IL Zip Code 60201-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Assoc General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1198.29

Date of Receipt 06 / 06 / 2014
Transaction ID : 2014062614548-128
 Amount of Each Receipt this Period 92.85

SUBTOTAL of Receipts This Page (optional).....▶ 162.85
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 30 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Irene P. Jakimcius
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Wesley Ave
 City Evanston State IL Zip Code 60201-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Assoc General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1198.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-174
 Amount of Each Receipt this Period
 92.85

B. Michael T. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 W Lincoln Ave
 City Libertyville State IL Zip Code 60048-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-69
 Amount of Each Receipt this Period
 43.56

C. Michael T. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 W Lincoln Ave
 City Libertyville State IL Zip Code 60048-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-185
 Amount of Each Receipt this Period
 43.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.97
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

Mailing Address 2322 Central Park Ave

City Evanston State IL Zip Code 60201-1810

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-17

Amount of Each Receipt this Period
20.00

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

Mailing Address 2322 Central Park Ave

City Evanston State IL Zip Code 60201-1810

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 2014062614548-27

Amount of Each Receipt this Period
20.00

C. 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 ▼ 325.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-114

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 20140626145453-21

Amount of Each Receipt this Period
25.00

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

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 Occupation
Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 20140626145458-84

Amount of Each Receipt this Period
25.00

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

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 Occupation
Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 20140626145453-229

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. 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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-7

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614543-11

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 ▼ **807.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-50

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: (check only one)	PAGE 34 OF 77
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Julie S. Kim		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140626145453-139
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation GM, UK & Ireland		<input type="text" value="67.31"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="807.72"/>		

Full Name (Last, First, Middle Initial) B. Sherryl L. King		Date of Receipt
Mailing Address 1240 S Walnut Ave		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Arlington Heights	State IL	Zip Code 60005-3056
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140626145458-67
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Bus Analytics - BioScience		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="650.00"/>		

Full Name (Last, First, Middle Initial) c. Sherryl L. King		Date of Receipt
Mailing Address 1240 S Walnut Ave		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Arlington Heights	State IL	Zip Code 60005-3056
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140626145453-183
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Bus Analytics - BioScience		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="650.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="167.31"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2308 Isabella St

City Evanston State IL Zip Code 60201-1405

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

Name of Employer Baxter International Inc. Occupation Senior Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-157

Amount of Each Receipt this Period
 20.00

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

Mailing Address 2308 Isabella St

City Evanston State IL Zip Code 60201-1405

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

Name of Employer Baxter International Inc. Occupation Senior Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614543-71

Amount of Each Receipt this Period
 20.00

C. 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 ▼ 368.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-127

Amount of Each Receipt this Period
 28.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.56

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 36 OF 77
	<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. 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 ▼ 368.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-34
 Amount of Each Receipt this Period
 28.56

B. Betty D. Larson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21334 N Andover Rd
 City Kildeer State IL Zip Code 60047-8622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, HR - Med Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-51
 Amount of Each Receipt this Period
 60.58

C. Betty D. Larson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21334 N Andover Rd
 City Kildeer State IL Zip Code 60047-8622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, HR - Med Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-140
 Amount of Each Receipt this Period
 60.58

SUBTOTAL of Receipts This Page (optional).....▶	149.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1008.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 2014062614548-223

Amount of Each Receipt this Period
78.50

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

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1008.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 2014062614543-153

Amount of Each Receipt this Period
78.50

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

Mailing Address 319 Vincent Ct

City State Zip Code
Lake Bluff IL 60044-2758

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, US Hemophilia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 2014062614548-235

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.00

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

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

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

Full Name (Last, First, Middle Initial) A. Jacopo Leonardi		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 20140626145453-176
Mailing Address 319 Vincent Ct		Amount of Each Receipt this Period 325.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Kelli Lester		Date of Receipt MM / DD / YYYY 06 / 06 / 2014 Transaction ID : 20140626145458-146
Mailing Address 3623 Stanford Cir		Amount of Each Receipt this Period 45.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) C. Kelli Lester		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 20140626145453-55
Mailing Address 3623 Stanford Cir		Amount of Each Receipt this Period 45.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Josephine M. Li-McLeod		Date of Receipt
Mailing Address 758 Cranmont Ct		M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2014
City State Zip Code Simi Valley CA 93065-7075		Transaction ID : 2014062614548-236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, MORE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Josephine M. Li-McLeod		Date of Receipt
Mailing Address 758 Cranmont Ct		M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014
City State Zip Code Simi Valley CA 93065-7075		Transaction ID : 2014062614543-177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, MORE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. John W. Lifer		Date of Receipt
Mailing Address 5601 E Country Rdg		M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2014
City State Zip Code Fayetteville AR 72701-7455		Transaction ID : 2014062614548-126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BioLife Plasma L.L.C.	Occupation Plasma Center Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

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

A. John W. Lifer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 E Country Rdg
 City Fayetteville State AR Zip Code 72701-7455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Plasma Center Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-33
 Amount of Each Receipt this Period
 25.00

B. Ronald K. Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 W Delaware Pl Unit 2603
 City Chicago State IL Zip Code 60610-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-73
 Amount of Each Receipt this Period
 50.00

C. Ronald K. Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 W Delaware Pl Unit 2603
 City Chicago State IL Zip Code 60610-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-190
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-274

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-256

Amount of Each Receipt this Period
 20.00

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 ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-199

Amount of Each Receipt this Period
 35.00

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

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

A. 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 ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-121

Amount of Each Receipt this Period
 35.00

B. 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 ▼ 287.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-216

Amount of Each Receipt this Period
 22.39

C. 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 ▼ 287.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-145

Amount of Each Receipt this Period
 22.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.78

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

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

A. 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 ▼ 2618.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 2014062614548-101
Amount of Each Receipt this Period
202.69

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 ▼ 2618.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 2014062614543-4
Amount of Each Receipt this Period
202.69

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 ▼ 260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 2014062614548-111
Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	425.38
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 44 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 **260.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : 20140626145453-37
 Amount of Each Receipt this Period **20.00**

B. 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 **351.00**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 2014062614548-195
 Amount of Each Receipt this Period **27.00**

C. 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 **351.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : 20140626145453-180
 Amount of Each Receipt this Period **27.00**

SUBTOTAL of Receipts This Page (optional)..... **74.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 77
	<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. 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 **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-144
 Amount of Each Receipt this Period
25.00

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 **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-54
 Amount of Each Receipt this Period
25.00

C. Dorca I. Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Stockton Dr
 City Grayslake State IL Zip Code 60030-3772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Process Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-166
 Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dorca I. Miranda
Full Name (Last, First, Middle Initial)
Mailing Address 113 Stockton Dr
City Grayslake State IL Zip Code 60030-3772
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Process Engineer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 20 / 2014
Transaction ID : 20140626145453-73
Amount of Each Receipt this Period 20.00

B. Chris C. Miskel
Full Name (Last, First, Middle Initial)
Mailing Address 1950 Lake Charles Dr
City Vernon Hills State IL Zip Code 60061-4578
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, Nat Accts - US BioScience
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 684.06

Date of Receipt 06 / 06 / 2014
Transaction ID : 20140626145458-83
Amount of Each Receipt this Period 53.22

C. Chris C. Miskel
Full Name (Last, First, Middle Initial)
Mailing Address 1950 Lake Charles Dr
City Vernon Hills State IL Zip Code 60061-4578
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, Nat Accts - US BioScience
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 684.06

Date of Receipt 06 / 20 / 2014
Transaction ID : 20140626145453-216
Amount of Each Receipt this Period 53.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.44
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4 Lost Meadow Cv

City The Hills State TX Zip Code 78738-1341

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-171

Amount of Each Receipt this Period
25.00

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

Mailing Address 4 Lost Meadow Cv

City The Hills State TX Zip Code 78738-1341

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-78

Amount of Each Receipt this Period
25.00

C. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-167

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: (check only one)	PAGE 48 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-265

Amount of Each Receipt this Period
50.00

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

Mailing Address 6816 W Palatine Ave

City Chicago State IL Zip Code 60631-2111

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

Name of Employer Baxter International Inc. Occupation Dir, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-162

Amount of Each Receipt this Period
50.00

c. Christina Noland
Full Name (Last, First, Middle Initial)

Mailing Address 6816 W Palatine Ave

City Chicago State IL Zip Code 60631-2111

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

Name of Employer Baxter International Inc. Occupation Dir, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 20140626145453-68

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 49 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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 ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-14

Amount of Each Receipt this Period
45.00

B. 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 ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-20

Amount of Each Receipt this Period
45.00

C. 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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-165

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-107

Amount of Each Receipt this Period
 20.00

B. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-2

Amount of Each Receipt this Period
 0.00

C. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-2

Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 20.00

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

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

Full Name (Last, First, Middle Initial) A. Linda J. Peters		Date of Receipt
Mailing Address 14866 Sanctuary Ln		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 20140626145453-53
Libertyville	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
60048-9611		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Baxter Healthcare Corporation	VP, RA - Med Products	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carla D. Pittman		Date of Receipt
Mailing Address 3933 Kenway Ave		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 20140626145458-56
Los Angeles	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="72.12"/>
90008-4805		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="937.56"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carla D. Pittman		Date of Receipt
Mailing Address 3933 Kenway Ave		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Transaction ID : 20140626145453-149
Los Angeles	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="72.12"/>
90008-4805		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="937.56"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="244.24"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Heather L. Polk
Full Name (Last, First, Middle Initial)

Mailing Address 7635 1/2 N Greenview Ave
Apt 1S

City Chicago State IL Zip Code 60626-6070

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

Name of Employer Baxter Healthcare Corporation Occupation Sr. Marketing Manager, Clinica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-158

Amount of Each Receipt this Period
25.00

B. Heather L. Polk
Full Name (Last, First, Middle Initial)

Mailing Address 7635 1/2 N Greenview Ave
Apt 1S

City Chicago State IL Zip Code 60626-6070

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

Name of Employer Baxter Healthcare Corporation Occupation Sr. Marketing Manager, Clinica

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 2014062614543-260

Amount of Each Receipt this Period
25.00

C. 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 ▼ 260.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-269

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-275

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 ▼ 314.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-112

Amount of Each Receipt this Period
 24.38

c. 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 ▼ 314.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-17

Amount of Each Receipt this Period
 24.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-175

Amount of Each Receipt this Period
40.00

B. 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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 2014062614548-83

Amount of Each Receipt this Period
40.00

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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : 2014062614548-49

Amount of Each Receipt this Period
20.00

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 56 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. Jeffrey G. Reading

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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-138

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-6

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. 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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-9

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Joseph Russo
 Full Name (Last, First, Middle Initial)
 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 **476.50**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 2014062614548-224
 Amount of Each Receipt this Period **36.94**

B. Joseph Russo
 Full Name (Last, First, Middle Initial)
 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 **476.50**

Date of Receipt **06 / 20 / 2014**
Transaction ID : 2014062614548-205
 Amount of Each Receipt this Period **36.94**

C. 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 **1412.06**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 2014062614548-170
 Amount of Each Receipt this Period **108.62**

SUBTOTAL of Receipts This Page (optional)..... **182.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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 ▼ 1412.06

Date of Receipt 06 / 20 / 2014
Transaction ID : 20140626145453-76
Amount of Each Receipt this Period 108.62

B. Kaissar Saade
Full Name (Last, First, Middle Initial)
Mailing Address 18522 Roslin Ave
City Torrance State CA Zip Code 90504-4624
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Sr Principal Engineer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 278.65

Date of Receipt 06 / 06 / 2014
Transaction ID : 2014062614548-104
Amount of Each Receipt this Period 21.61

C. Kaissar Saade
Full Name (Last, First, Middle Initial)
Mailing Address 18522 Roslin Ave
City Torrance State CA Zip Code 90504-4624
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Sr Principal Engineer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 278.65

Date of Receipt 06 / 20 / 2014
Transaction ID : 20140626145453-218
Amount of Each Receipt this Period 21.61

SUBTOTAL of Receipts This Page (optional).....▶ 151.84
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 77
	<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. 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 ▼ **325.00**

Date of Receipt **06 / 06 / 2014**

Transaction ID : 2014062614548-11

Amount of Each Receipt this Period **25.00**

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 ▼ **325.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : 20140626145453-16

Amount of Each Receipt this Period **25.00**

C. Jill M. Schaaf
Full Name (Last, First, Middle Initial)

Mailing Address 1509 W Nelson St

City Chicago State IL Zip Code 60657-3103

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, Renal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : 7D9E0626C2264EE28FE6

Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 931 Oak 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 ▼ 1622.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-4

Amount of Each Receipt this Period
 125.58

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

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1622.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 2014062614548-6

Amount of Each Receipt this Period
 125.58

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

Mailing Address 66 Cooper Dr

City Glastonbury State CT Zip Code 06033-1020

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 2014062614548-164

Amount of Each Receipt this Period
 26.63

SUBTOTAL of Receipts This Page (optional)..... ▶ 277.79

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

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

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

Mailing Address 66 Cooper Dr

City Glastonbury State CT Zip Code 06033-1020

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.29**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-72

Amount of Each Receipt this Period
26.63

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

Mailing Address 1014 Oakwood Ave

City Wilmette State IL Zip Code 60091-3322

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145458-20

Amount of Each Receipt this Period
20.00

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

Mailing Address 1014 Oakwood Ave

City Wilmette State IL Zip Code 60091-3322

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-41

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **66.63**

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

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

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

Mailing Address 869 Deep Woods Dr

City Marion State NC Zip Code 28752-8252

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 ▼ 260.00

Date of Receipt 06 / 06 / 2014
Transaction ID : 2014062614548-107

Amount of Each Receipt this Period 20.00

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

Mailing Address 869 Deep Woods Dr

City Marion State NC Zip Code 28752-8252

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 ▼ 260.00

Date of Receipt 06 / 20 / 2014
Transaction ID : 20140626145453-8

Amount of Each Receipt this Period 20.00

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

Mailing Address 1555 Stratford Rd

City Deerfield State IL Zip Code 60015-2147

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.21

Date of Receipt 06 / 06 / 2014
Transaction ID : 2014062614548-81

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: (check only one)	PAGE 63 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
231.21

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-207

Amount of Each Receipt this Period
18.27

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

Mailing Address 619 Oleander Dr

City State Zip Code
Hallandale Beach FL 33009-6531

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

Name of Employer Occupation
Baxter Healthcare Corporation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1513.54

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 20140626145458-248

Amount of Each Receipt this Period
117.28

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

Mailing Address 619 Oleander Dr

City State Zip Code
Hallandale Beach FL 33009-6531

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

Name of Employer Occupation
Baxter Healthcare Corporation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1513.54

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-201

Amount of Each Receipt this Period
117.28

SUBTOTAL of Receipts This Page (optional).....	252.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **325.00**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 2014062614548-225

Amount of Each Receipt this Period **25.00**

B. 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 ▼ **325.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : 2014062614548-155

Amount of Each Receipt this Period **25.00**

C. 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 ▼ **260.00**

Date of Receipt **06 / 06 / 2014**
Transaction ID : 2014062614548-26

Amount of Each Receipt this Period **20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 77
	<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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-63
 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145448-275
 Amount of Each Receipt this Period
 20.00

C. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-259
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. John Alan Weiler		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2014062614548-185
Name of Employer Baxter World Trade Corporation		Amount of Each Receipt this Period
Occupation Plant Manager		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

Full Name (Last, First, Middle Initial) B. John Alan Weiler		Date of Receipt
Mailing Address PO Box 747 Baxter Expat Admin		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2014062614548-94
Name of Employer Baxter World Trade Corporation		Amount of Each Receipt this Period
Occupation Plant Manager		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

Full Name (Last, First, Middle Initial) C. Ronald Kent Wilson		Date of Receipt
Mailing Address 8050 Little Fox Rd		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City Amarillo	State TX	Zip Code 79118-1129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2014062614548-138
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation Renal Account Manager		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Ronald Kent Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-267

Amount of Each Receipt this Period
 200.00

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance - US MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : 20140626145448-135

Amount of Each Receipt this Period
 25.00

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Finance - US MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 20140626145453-51

Amount of Each Receipt this Period
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 325.00

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-75

Amount of Each Receipt this Period
25.00

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 ▼ 325.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 20140626145453-195

Amount of Each Receipt this Period
25.00

C. 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 ▼ 743.77

Date of Receipt
06 / 06 / 2014
Transaction ID : 2014062614548-110

Amount of Each Receipt this Period
57.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **743.77**

Date of Receipt
06 / 20 / 2014
Transaction ID : 20140626145453-12

Amount of Each Receipt this Period
57.97

B. 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 ▼ **325.00**

Date of Receipt
06 / 06 / 2014
Transaction ID : 20140626145458-3

Amount of Each Receipt this Period
25.00

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 ▼ **325.00**

Date of Receipt
06 / 20 / 2014
Transaction ID : 20140626145453-3

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **107.97**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : 2014062614548-94

Amount of Each Receipt this Period
25.00

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

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 20140626145453-263

Amount of Each Receipt this Period
25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	9367.58

**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. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : C657915E463B3CA7CC6

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2014 General

011

Candidate Name

Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : 8F48DB6C522A7B8ED5C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2014 General

011

Candidate Name

Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : 4796C3DC6688A288B1D

Amount of Each Disbursement this Period

4000.00

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

8000.00

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 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. Building Relationships in Diverse Geographic Environments PAC (BRIDGE PAC)

Mailing Address 499 South Capitol St SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Building Relationships in Diverse Geographic Environments PAC (BRIDGE PAC)

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : B27105D495485C4B505

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
2014 General

011

Candidate Name
Julia Brownley

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : C69A420E9E96CA2911F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement
2014 General

011

Candidate Name
Marc A. Veasey

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: TX District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : 6E4B78230655F333C51

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marcia Fudge for Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118-3647

Purpose of Disbursement
2014 General

011

Candidate Name

Marcia L. Fudge

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : FA77C0555B0124F37E3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
2014 General

011

Candidate Name

Michael Clifton Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : 1D89A1F513CA2A9C098

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : C5E710EFC07D53D1461

Amount of Each Disbursement this Period

5000.00

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

11000.00

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 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. Pascrell for Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : 17C2DD5B1C1BA76E1FA

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Schiff for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Adam B. Schiff

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : 0899816B4BA61706B96

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Schneider for Congress

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Bradley Scott Schneider

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : 66A7C986A95D1D66DCA

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Texans for Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

John Cornyn III

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : DE77DA8C02D39B4552C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tim Walz for US Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Timothy J. Walz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : 1ECB280748E06FF3787

Amount of Each Disbursement this Period

1000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

6000.00

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

36500.00

**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. Friends of John Zerwas

Mailing Address PO Box 852

City State Zip Code
Flushear TX 77441

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 : 0F2C38A4ACCC11624AB

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of Senator Jane Nelson

Mailing Address P.O. Box 608

City State Zip Code
Grapevine TX 76099

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 : 329C3A81423901176F6

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Richard Pena Ramond Campaign

Mailing Address PO Box 450349

City State Zip Code
Laredo TX 78045

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 : A876B3D1470BF825B4A

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. Texans for Dan Patrick

Mailing Address PO Box 70073

City Houston State TX Zip Code 77270

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 M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 2E57BF4FC354C476483

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Texans for Greg Abbott

Mailing Address P.O. Box 308

City Austin State TX Zip Code 78767

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 M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : CB68EF2D64CC1B2879C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. The Lois W. Kolkhorst Campaign

Mailing Address PO Box 2546

City Brenham State TX Zip Code 77834

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 M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : F619CA0EDD963F36B0D

Amount of Each Disbursement this Period

1250.00

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

4250.00

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

8000.00
