

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2009 through 09 30 2009

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

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 10 16 2009

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 71894.25 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 50694.64 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 11544.10 | 112344.49 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 62238.74 | 184238.74 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 27500.00 | 149500.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 34738.74 | 34738.74 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 9323.34 | 84616.24 |
| (ii) Unitemized | 2220.76 | 27728.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 11544.10 | 112344.49 |
| (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) | 11544.10 | 112344.49 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 11544.10 | 112344.49 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 11544.10 | 112344.49 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 27000.00 | 149000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 500.00 | 500.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 27500.00 | 149500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27500.00 | 149500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | 11544.10 | 112344.49 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11544.10 | 112344.49 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 68
(check only one)

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

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

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

A.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Joy A. Amundson | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 110 W. Onwentsia Road DF1-2W | | Transaction ID: 20091013164459-48 |
| City Lake Forest | State Zip Code IL 60045 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 223.08 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Cvp, President Bioscience | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4207.72 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Joy A. Amundson | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| Mailing Address 110 W. Onwentsia Road DF1-2W | | Transaction ID: 200910147489-48 |
| City Lake Forest | State Zip Code IL 60045 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 223.08 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Cvp, President Bioscience | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4207.72 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Peter J. Arduini | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 1059 Warrington Road | | Transaction ID: 20091013164459-53 |
| City Deerfield | State Zip Code IL 60015 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Cvp, Pres Medication Delivery | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1900.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 546.16 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Peter J. Arduini

Mailing Address 1059 Warrington Road

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter Healthcare Corpora- Cvp, Pres Medication Delivery
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-53

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Robert H. Armstrong

Mailing Address 133 Manchester Drive

City State Zip Code
Waukesha WI 53188

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, R&D Medical Devices
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-57

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Robert H. Armstrong

Mailing Address 133 Manchester Drive

City State Zip Code
Waukesha WI 53188

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, R&D Medical Devices
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-57

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 9 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Robert G. Babicke

Mailing Address 162 Cardinal Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Information Technology
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-91

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Robert G. Babicke

Mailing Address 162 Cardinal Drive

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Information Technology
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-93

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Donald Arthur Baker

Mailing Address 286 Whitworth

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP li, Quality
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1309.87

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-143

Amount of Each Receipt this Period
69.79

SUBTOTAL of Receipts This Page (optional) ► 119.79

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: PAGE 10 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Donald Arthur Baker

Mailing Address 286 Whitworth

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP li, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1309.87

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-146

Amount of Each Receipt this Period
69.79

B.

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

Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

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

Name of Employer
Baxter International Inc.

Occupation
Cvp, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-152

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

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

Name of Employer
Baxter International Inc.

Occupation
Cvp, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-155

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **269.79**

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

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

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

| | | | |
|---|--|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Edwin A. Betancourt-Morales | | Date of Receipt |
| | Mailing Address 101 N E 3rd Avenue, Ste 1600 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2009 |
| | City | State | Zip Code |
| | Ft Lauderdale | FL | 33301 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091013164459-171 |
| Name of Employer Baxter Export Corporation | | Occupation VP, Mfg Latin America | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 826.80 | <input type="text"/> 43.92 |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Edwin A. Betancourt-Morales | | Date of Receipt |
| | Mailing Address 101 N E 3rd Avenue, Ste 1600 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2009 |
| | City | State | Zip Code |
| | Ft Lauderdale | FL | 33301 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 200910147489-173 |
| Name of Employer Baxter Export Corporation | | Occupation VP, Mfg Latin America | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 826.80 | <input type="text"/> 43.92 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) William P. Botha | | Date of Receipt |
| | Mailing Address 2225 Robinson Street | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2009 |
| | City | State | Zip Code |
| | Redondo Beach | CA | 90278 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091013164459-46 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Dir, Manufacturing | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 900.00 | <input type="text"/> 75.00 |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 162.84 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
William P. Botha

Mailing Address 2225 Robinson Street

City State Zip Code
Redondo Beach CA 90278

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 ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-46

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 2405 Trailside Lane

City State Zip Code
Wauconda IL 60084

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

Name of Employer Baxter Healthcare Corporation
Occupation Bcu Sr VP, Business Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-80

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 2405 Trailside Lane

City State Zip Code
Wauconda IL 60084

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

Name of Employer Baxter Healthcare Corporation
Occupation Bcu Sr VP, Business Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-82

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 68
(check only one)

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

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

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

A.

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

Mailing Address 917 Geneva St

City State Zip Code
Glendale CA 91207

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Plant Manager li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.07

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-18

Amount of Each Receipt this Period
58.13

B.

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

Mailing Address 917 Geneva St

City State Zip Code
Glendale CA 91207

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Plant Manager li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.07

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-18

Amount of Each Receipt this Period
58.13

C.

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer
Baxter International Inc.

Occupation
VP, Corporate Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
978.12

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-166

Amount of Each Receipt this Period
51.96

SUBTOTAL of Receipts This Page (optional) ► **168.22**

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

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

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

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

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

| | | | |
|---|--|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Sebastian J. Bufalino | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| | Mailing Address 1091 Pine Meadow Ct | | Transaction ID: 200910147489-167 |
| | City Vernon Hills | State IL | Zip Code 60061 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 51.96 |
| | Name of Employer Baxter International Inc. | Occupation VP, Corporate Audit | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 978.12 | |

| | | | |
|---|--|--|---|
| B. | Full Name (Last, First, Middle Initial) Donna Campagna | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 30922 St Andrews Drive | | Transaction ID: 20091013164459-36 |
| | City Libertyville | State IL | Zip Code 60048 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Baxter Healthcare Corpora- tion | Occupation VP, Information Technology | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 655.00 | |

| | | | |
|---|--|--|---|
| C. | Full Name (Last, First, Middle Initial) Donna Campagna | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| | Mailing Address 30922 St Andrews Drive | | Transaction ID: 200910147489-36 |
| | City Libertyville | State IL | Zip Code 60048 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Baxter Healthcare Corpora- tion | Occupation VP, Information Technology | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 655.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 131.96 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 68
(check only one)

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

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

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

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

Mailing Address 5313 Abbey Drive

City State Zip Code
McHenry IL 60050

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sr Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-12
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 5313 Abbey Drive

City State Zip Code
McHenry IL 60050

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sr Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-12
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Edward M. Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer: Baxter International Inc.
Occupation: Dir, Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1216.02

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-149
 Amount of Each Receipt this Period: 64.50

SUBTOTAL of Receipts This Page (optional) ► 114.50

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 16 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Edward M. Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Occupation
Baxter International Inc. Dir, Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1216.02

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-152

Amount of Each Receipt this Period
64.50

B.

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

Mailing Address 23 Wynstone Way

City State Zip Code
North Barrington IL 60010

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1935.79

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-135

Amount of Each Receipt this Period
103.21

C.

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

Mailing Address 23 Wynstone Way

City State Zip Code
North Barrington IL 60010

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1935.79

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-138

Amount of Each Receipt this Period
103.21

SUBTOTAL of Receipts This Page (optional) ► **270.92**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 68
(check only one)

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

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

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

A.

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

Mailing Address Calle Guama #70 Mansiones Los Cedr

City Cayey State PR Zip Code 00736

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 937.24

Date of Receipt 09 / 04 / 2009

Transaction ID: 20091013164459-174

Amount of Each Receipt this Period 50.08

B.

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

Mailing Address Calle Guama #70 Mansiones Los Cedr

City Cayey State PR Zip Code 00736

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 937.24

Date of Receipt 09 / 18 / 2009

Transaction ID: 200910147489-181

Amount of Each Receipt this Period 50.08

C.

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

Mailing Address 21515 Hummingbird Court

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation Cvp, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3155.81

Date of Receipt 09 / 04 / 2009

Transaction ID: 20091013164459-153

Amount of Each Receipt this Period 167.31

SUBTOTAL of Receipts This Page (optional) ► **267.47**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 68
(check only one)

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

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

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

A.

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

Mailing Address 21515 Hummingbird Court

City State Zip Code
Kildeer IL 60047

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

Name of Employer Baxter International Inc. Occupation Cvp, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3155.81

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-156

Amount of Each Receipt this Period
167.31

B.

Full Name (Last, First, Middle Initial)
Scot J. Deaths

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code
Saugus CA 91390

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

Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-96

Amount of Each Receipt this Period
37.72

C.

Full Name (Last, First, Middle Initial)
Scot J. Deaths

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code
Saugus CA 91390

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

Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-98

Amount of Each Receipt this Period
37.72

SUBTOTAL of Receipts This Page (optional) ► **242.75**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

| | | | | | |
|---|---|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Paul D. Estrem | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 | | |
| | Mailing Address 325 Clarewood Circle | | Transaction ID: 20091013164459-43 | | |
| | City Grayslake | State IL | Zip Code 60030 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation VP, Fin & Strat Initiatives | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 950.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Paul D. Estrem | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 | | |
| | Mailing Address 325 Clarewood Circle | | Transaction ID: 200910147489-43 | | |
| | City Grayslake | State IL | Zip Code 60030 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter Healthcare Corporation | | Occupation VP, Fin & Strat Initiatives | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 950.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Peter Etienne | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 | | |
| | Mailing Address 189 Lions Court | | Transaction ID: 20091013164459-157 | | |
| | City Lake Zurich | State IL | Zip Code 60047 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter International Inc. | | Occupation Sr Counsel | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 475.00 | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 68
(check only one)

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

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

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

A.

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

Mailing Address 189 Lions Court

City State Zip Code
Lake Zurich IL 60047

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 ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-159

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Camille I. Farhat

Mailing Address 1052 Warrington Road

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, Bpt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-62

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Camille I. Farhat

Mailing Address 1052 Warrington Road

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, Bpt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-62

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 21 / 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Kevin E. Freeman | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 20982 Buffalo Run | Transaction ID: 20091013164459-150 |
| | City State Zip Code Kildeer IL 60047 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Baxter International Inc. Occupation: VP, I Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Kevin E. Freeman | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| | Mailing Address 20982 Buffalo Run | Transaction ID: 200910147489-153 |
| | City State Zip Code Kildeer IL 60047 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Baxter International Inc. Occupation: VP, I Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Valery E. Gallagher | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 14334 Spring Meadow Court | Transaction ID: 20091013164459-67 |
| | City State Zip Code Green Oaks IL 60048 | Amount of Each Receipt this Period 71.93 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Baxter Healthcare Corporation Occupation: Dir, State Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1345.31 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 121.93 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 68
(check only one)

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

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

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

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

Mailing Address 14334 Spring Meadow Court

City State Zip Code
Green Oaks IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, State Government Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1345.31

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-69

Amount of Each Receipt this Period
71.93

B. Full Name (Last, First, Middle Initial)
Erin M. Gardiner

Mailing Address 2442 W. Carmen Ave.

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation
Baxter International Inc. Dir, Communications

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-154

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Erin M. Gardiner

Mailing Address 2442 W. Carmen Ave.

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation
Baxter International Inc. Dir, Communications

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-157

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 121.93

TOTAL This Period (last page this line 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 / 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) James M. Gatling | | Date of Receipt |
| | Mailing Address 391 Sherbrooke Court | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Crystal Lake | IL | 60012 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091013164459-16 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Cvp, Global Manufacturing Ops | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 2954.26 | <input type="text"/> 156.54 |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) James M. Gatling | | Date of Receipt |
| | Mailing Address 391 Sherbrooke Court | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Crystal Lake | IL | 60012 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 200910147489-16 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Cvp, Global Manufacturing Ops | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 2954.26 | <input type="text"/> 156.54 |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Arthur J. Gibson | | Date of Receipt |
| | Mailing Address 3775 Riverly Trace | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Marietta | GA | 30067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091013164459-58 |
| Name of Employer Baxter Healthcare Corporation | | Occupation VP, Environ, Health & Safety | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 995.05 | <input type="text"/> 53.17 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 366.25 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 68
(check only one)

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

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

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

A.

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

Mailing Address 3775 Riverly Trace

City State Zip Code
Marietta GA 30067

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 995.05

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-58

Amount of Each Receipt this Period
53.17

B.

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

Mailing Address 909 Clinton Place

City State Zip Code
River Forest IL 60305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-167

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 909 Clinton Place

City State Zip Code
River Forest IL 60305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-168

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **103.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 68
(check only one)

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

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

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

A.

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

Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

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

Name of Employer Baxter Healthcare Corporation
Occupation President, Biopharmaceuticals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-6

Amount of Each Receipt this Period
35.00

B.

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

Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

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

Name of Employer Baxter Healthcare Corporation
Occupation President, Biopharmaceuticals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-6

Amount of Each Receipt this Period
35.00

C.

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

Mailing Address 1620 Timber Woods Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Baxter Healthcare Corporation
Occupation Sr Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1208.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-81

Amount of Each Receipt this Period
64.22

SUBTOTAL of Receipts This Page (optional) ► **134.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sr Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1208.60

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-83
 Amount of Each Receipt this Period: 64.22

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

Mailing Address 816 Moseley Rd.

City State Zip Code
Highland Park IL 60035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.28

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-109
 Amount of Each Receipt this Period: 31.69

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

Mailing Address 816 Moseley Rd.

City State Zip Code
Highland Park IL 60035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.28

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-112
 Amount of Each Receipt this Period: 31.69

SUBTOTAL of Receipts This Page (optional) ► 127.60

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 68
(check only one)

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

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

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

A.

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

Mailing Address 126 Homewood Avenue

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter International Inc. Cvp, Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-151

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 126 Homewood Avenue

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter International Inc. Cvp, Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-154

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Gary W. Ingles

Mailing Address 9321 Waterside Court

City State Zip Code
New Haven IN 46774

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Healthcare Reimb

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-68

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: PAGE 28 / 68
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Gary W. Inglese

Mailing Address 9321 Waterside Court

City State Zip Code
New Haven IN 46774

FEC ID number of contributing federal political committee. C

Name of Employer
Baxter Healthcare Corpora-
tion Occupation
Dir, Healthcare Reimb

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-70

Amount of Each Receipt this Period
20.00

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

Mailing Address 2208 Wesley Ave.

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. C

Name of Employer
Baxter International Inc. Occupation
Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1540.05

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-158

Amount of Each Receipt this Period
81.99

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

Mailing Address 2208 Wesley Ave.

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. C

Name of Employer
Baxter International Inc. Occupation
Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1540.05

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-160

Amount of Each Receipt this Period
81.99

SUBTOTAL of Receipts This Page (optional) 183.98

TOTAL This Period (last page this line 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 / 68 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Robert A. Johnson | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 31385 W Somerset Circle | Transaction ID: 20091013164459-42 |
| | City State Zip Code Green Oaks IL 60048 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Baxter Healthcare Corporation Occupation: VP li, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Robert A. Johnson | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| | Mailing Address 31385 W Somerset Circle | Transaction ID: 200910147489-42 |
| | City State Zip Code Green Oaks IL 60048 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Baxter Healthcare Corporation Occupation: VP li, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Rob C. Keeley | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 22606 Bridle | Transaction ID: 20091013164459-119 |
| | City State Zip Code Kildeer IL 60047 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Baxter Healthcare Corporation Occupation: VP, Hd/Crrt Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 944.12 | |

| | |
|--|--------|
| 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 30 / 68 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | | |
|---|---|-------------------------------------|---|---|
| A. | Full Name (Last, First, Middle Initial) Rob C. Keeley | | Date of Receipt | |
| | Mailing Address 22606 Bridle | | M M / D D / Y Y Y Y Y 09 / 18 / 2009 | |
| | City | State | Zip Code | Transaction ID: 200910147489-122 |
| | Kildeer | IL | 60047 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 50.00 | |
| Name of Employer Baxter Healthcare Corporation | | Occupation VP, Hd/Crrt Marketing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 944.12 | | |

| | | | | |
|---|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Jane E. Kiernan | | Date of Receipt | |
| | Mailing Address 525 West Roscoe , #3W | | M M / D D / Y Y Y Y Y 09 / 04 / 2009 | |
| | City | State | Zip Code | Transaction ID: 20091013164459-34 |
| | Chicago | IL | 60657-3540 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 40.00 | |
| Name of Employer Baxter Healthcare Corporation | | Occupation General Manager, Iv Therapy | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1760.00 | | |

| | | | | |
|---|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Jane E. Kiernan | | Date of Receipt | |
| | Mailing Address 525 West Roscoe , #3W | | M M / D D / Y Y Y Y Y 09 / 18 / 2009 | |
| | City | State | Zip Code | Transaction ID: 200910147489-34 |
| | Chicago | IL | 60657-3540 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 40.00 | |
| Name of Employer Baxter Healthcare Corporation | | Occupation General Manager, Iv Therapy | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1760.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 130.00 |
| 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 31 / 68
(check only one)

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

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

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

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marie G. Kissel | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 1 Baxter Pkwy c/o Gerald Lema C/O Gerald Lema | | Transaction ID: 20091013164459-168 |
| City Deerfield | State IL | Zip Code 60015 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 76.46 |
| Name of Employer Baxter World Trade Corporation | Occupation Away on Assignment | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1441.52 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marie G. Kissel | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| Mailing Address 1 Baxter Pkwy c/o Gerald Lema C/O Gerald Lema | | Transaction ID: 200910147489-169 |
| City Deerfield | State IL | Zip Code 60015 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 76.46 |
| Name of Employer Baxter World Trade Corporation | Occupation Away on Assignment | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1441.52 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Edward (Ted) A. Langan | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702 | | Transaction ID: 20091013164459-3 |
| City Chicago | State IL | Zip Code 60601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 75.00 |
| Name of Employer Baxter Healthcare Corporation | Occupation VP li, Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1425.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 227.92 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 68
(check only one)

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

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

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

A.

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

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation
Occupation VP li, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 18 / 2009
Transaction ID: 200910147489-3
Amount of Each Receipt this Period 75.00

B.

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

Mailing Address 876 Writer CT

City Vernon Hills State IL Zip Code 60061

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

Name of Employer Baxter Healthcare Corporation
Occupation VP Manufacturing Med Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1084.16

Date of Receipt 09 / 04 / 2009
Transaction ID: 20091013164459-131
Amount of Each Receipt this Period 58.10

C.

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

Mailing Address 876 Writer CT

City Vernon Hills State IL Zip Code 60061

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

Name of Employer Baxter Healthcare Corporation
Occupation VP Manufacturing Med Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1084.16

Date of Receipt 09 / 18 / 2009
Transaction ID: 200910147489-134
Amount of Each Receipt this Period 58.10

SUBTOTAL of Receipts This Page (optional) ► 191.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68
(check only one)

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

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

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

A.

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

Mailing Address 319 E. Vincent Ct.

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Dir, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-118

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 319 E. Vincent Ct.

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Dir, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-121

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Susan R. Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code
Chicago IL 60614

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3748.52

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-155

Amount of Each Receipt this Period
209.62

SUBTOTAL of Receipts This Page (optional) ► 259.62

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 68
(check only one)

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

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

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

A.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Raymond J. Linder | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 246 Montclair Road | | Transaction ID: 20091013164459-40 |
| City Vernon Hills | State IL | Zip Code 60061 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 46.68 |
| Name of Employer Baxter Healthcare Corporation | Occupation VP, HR - Mfg/Supply Chain | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 871.08 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Raymond J. Linder | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| Mailing Address 246 Montclair Road | | Transaction ID: 200910147489-40 |
| City Vernon Hills | State IL | Zip Code 60061 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 46.68 |
| Name of Employer Baxter Healthcare Corporation | Occupation VP, HR - Mfg/Supply Chain | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 871.08 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Ronald K. Lloyd | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 1694 Falling Star Ave. | | Transaction ID: 20091013164459-38 |
| City Westlake Village | State CA | Zip Code 91362 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Baxter Healthcare Corporation | Occupation Vp gm Biotherapeutic & Regn Med | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 950.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 143.36 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 68

(check only one)

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

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

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

A.

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

Mailing Address 1694 Falling Star Ave.

City State Zip Code
Westlake Village CA 91362

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

Name of Employer Occupation
Baxter Healthcare Corpora- Vpvm Biotherapeutic & Regn Med
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-38

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 421 North Wheaton Ave

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Baxter International Inc. VP, Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-165

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 421 North Wheaton Ave

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Baxter International Inc. VP, Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-166

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 68
(check only one)

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

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

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

A.

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

Mailing Address 116 Tennessee Avenue NE

City Washington State DC Zip Code 20002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt MM / DD / YYYY 09 / 04 / 2009

Transaction ID: 20091013164459-120

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 116 Tennessee Avenue NE

City Washington State DC Zip Code 20002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt MM / DD / YYYY 09 / 18 / 2009

Transaction ID: 200910147489-123

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 10680 Red Leaf Circle

City Lakewood State IL Zip Code 60014

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

Name of Employer Baxter Healthcare Corporation Occupation VP I, Mfg Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1473.70

Date of Receipt MM / DD / YYYY 09 / 04 / 2009

Transaction ID: 20091013164459-22

Amount of Each Receipt this Period 78.40

SUBTOTAL of Receipts This Page (optional) ► **138.40**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 68
(check only one)

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

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

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

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

Mailing Address 10680 Red Leaf Circle

City State Zip Code
Lakewood IL 60014

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP I, Mfg Strategic Planning
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1473.70

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-22

Amount of Each Receipt this Period
78.40

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

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 60015

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3224.63

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-161

Amount of Each Receipt this Period
170.77

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

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 60015

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3224.63

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-163

Amount of Each Receipt this Period
170.77

SUBTOTAL of Receipts This Page (optional) ► 419.94

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 68
(check only one)

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

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

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

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

Mailing Address 795 Foxmoor

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
671.68

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-93
Amount of Each Receipt this Period: 35.68

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

Mailing Address 795 Foxmoor

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
671.68

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-95
Amount of Each Receipt this Period: 35.68

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

Mailing Address 151 Ridge Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Cvp, Pres Renal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3084.68

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-122
Amount of Each Receipt this Period: 163.08

SUBTOTAL of Receipts This Page (optional) ► **234.44**

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 39 / 68 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Full Name (Last, First, Middle Initial)
Bruce McGillivray

Mailing Address 151 Ridge Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corpora- Cvp, Pres Renal
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3084.68

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-125

Amount of Each Receipt this Period
163.08

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

Mailing Address 3140 creswell dr

City State Zip Code
falls church VA 22044

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Renal Federal Leg Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 629.25

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-107

Amount of Each Receipt this Period
38.46

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

Mailing Address 3140 creswell dr

City State Zip Code
falls church VA 22044

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Renal Federal Leg Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 629.25

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-109

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 547.02

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-129
 Amount of Each Receipt this Period: 29.10

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

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 547.02

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-132
 Amount of Each Receipt this Period: 29.10

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

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP, Business Alliances

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-142
 Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ► 103.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 68
(check only one)

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

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

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

A.

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

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Business Alliances

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
855.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-145

Amount of Each Receipt this Period
45.00

B.

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

Mailing Address 1750 W Cortland St

City State Zip Code
Chicago IL 60622

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Asst General Counsel, Patent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-89

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 1750 W Cortland St

City State Zip Code
Chicago IL 60622

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Asst General Counsel, Patent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-91

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 68

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John W. Percival

Mailing Address 691 CYPRESS AVE

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| PASADENA | CA | 91103 |

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

| | |
|--|-----------------------------|
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Mgr, Research |
|--|-----------------------------|

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 395.70 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-108

Amount of Each Receipt this Period
21.12

B.

Full Name (Last, First, Middle Initial)
John W. Percival

Mailing Address 691 CYPRESS AVE

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| PASADENA | CA | 91103 |

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

| | |
|--|-----------------------------|
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Mgr, Research |
|--|-----------------------------|

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 395.70 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-111

Amount of Each Receipt this Period
21.12

C.

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

Mailing Address 5678 Kirkham Court

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Springfield | VA | 22151 |

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

| | |
|--|--|
| Name of Employer Baxter Healthcare Corpora- tion | Occupation Dir, Fed Legislative Affairs |
|--|--|

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-116

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

67.24

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 68

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Jed M. Perry

Mailing Address 5678 Kirkham Court

City State Zip Code
Springfield VA 22151

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Fed Legislative Affairs
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-119

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City State Zip Code
Los Angeles CA 90008

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Counsel
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1060.13

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-124

Amount of Each Receipt this Period

56.33

C.

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City State Zip Code
Los Angeles CA 90008

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sr Counsel
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1060.13

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-127

Amount of Each Receipt this Period

56.33

SUBTOTAL of Receipts This Page (optional)

137.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Virginia L. Pringle | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 6655 Bobby Jones Ct | Transaction ID: 20091013164459-28 |
| | City State Zip Code Palmetto FL 34221 | Amount of Each Receipt this Period 33.45 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation Mgr li, Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 629.67 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Virginia L. Pringle | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| | Mailing Address 6655 Bobby Jones Ct | Transaction ID: 200910147489-28 |
| | City State Zip Code Palmetto FL 34221 | Amount of Each Receipt this Period 33.45 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Baxter Healthcare Corporation | Occupation Mgr li, Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 629.67 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Julie A. Quick | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| | Mailing Address 3223 Epstein Circle | Transaction ID: 20091013164459-173 |
| | City State Zip Code Mundelein IL 60060 | Amount of Each Receipt this Period 21.08 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer BioLife Plasma L.L.C. | Occupation Sr Mgr, Reg Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 394.52 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 87.98 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 68
(check only one)

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

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

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

A.

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

Mailing Address 3223 Epstein Circle

City State Zip Code
Mundelein IL 60060

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 394.52

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-180

Amount of Each Receipt this Period
21.08

B.

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

Mailing Address 19 Wimbledon Court

City State Zip Code
Lincolnshire IL 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-31

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 19 Wimbledon Court

City State Zip Code
Lincolnshire IL 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-31

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 101.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Sundar Ramanan | | Date of Receipt |
| | Mailing Address 1146 Azalea Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2009 |
| | City | State | Zip Code |
| | Simi Valley | CA | 93065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091013164459-130 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Dir Tech Services, Pharma | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 255.05 | <input type="text"/> 13.55 |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Sundar Ramanan | | Date of Receipt |
| | Mailing Address 1146 Azalea Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2009 |
| | City | State | Zip Code |
| | Simi Valley | CA | 93065 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 200910147489-133 |
| Name of Employer Baxter Healthcare Corporation | | Occupation Dir Tech Services, Pharma | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 255.05 | <input type="text"/> 13.55 |

| | | | |
|---|---|--|--|
| C. | Full Name (Last, First, Middle Initial) David H. Resnicoff | | Date of Receipt |
| | Mailing Address 926 Valley Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2009 |
| | City | State | Zip Code |
| | Glencoe | IL | 60022 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091013164459-162 |
| Name of Employer Baxter International Inc. | | Occupation Assoc Gen Coun/VP Compliance | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1072.67 | <input type="text"/> 57.11 |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 84.21 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David H. Resnicoff

Mailing Address 926 Valley Road

City State Zip Code
Glencoe IL 60022

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

Name of Employer Occupation
Baxter International Inc. Assoc Gen Coun/VP Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1072.67

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-164

Amount of Each Receipt this Period
57.11

B.

Full Name (Last, First, Middle Initial)
Darwin Richardson

Mailing Address 3927 Corte Cancion

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir li, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-47

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Darwin Richardson

Mailing Address 3927 Corte Cancion

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir li, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-47

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **97.11**

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

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

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

FOR LINE NUMBER: PAGE 48 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jill A. Rowison

Mailing Address 1280 21st St NW Unit 906

City Washington State DC Zip Code 20036

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Pac and Grassroots

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.89

Date of Receipt 09 / 04 / 2009

Transaction ID: 20091013164459-85

Amount of Each Receipt this Period 22.69

B. Full Name (Last, First, Middle Initial)
Jill A. Rowison

Mailing Address 1280 21st St NW Unit 906

City Washington State DC Zip Code 20036

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Pac and Grassroots

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.89

Date of Receipt 09 / 18 / 2009

Transaction ID: 200910147489-87

Amount of Each Receipt this Period 22.69

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

Mailing Address 1316 Ashland Ave.

City Wilmette State IL Zip Code 60091

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2009

Transaction ID: 20091013164459-44

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 55.38

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: PAGE 49 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1316 Ashland Ave.

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Finance Baxter Capital
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-44

Amount of Each Receipt this Period
10.00

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

Mailing Address 27928 Periwinkle Lane

City State Zip Code
Valencia CA 91354

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Envir Health & Safety
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 586.67

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-132

Amount of Each Receipt this Period
31.19

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

Mailing Address 27928 Periwinkle Lane

City State Zip Code
Valencia CA 91354

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Envir Health & Safety
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 586.67

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-135

Amount of Each Receipt this Period
31.19

SUBTOTAL of Receipts This Page (optional) ► **72.38**

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: PAGE 50 / 68
(check only one)

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

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

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

A.

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

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1868.57

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-159
 Amount of Each Receipt this Period: 99.41

B.

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

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1868.57

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-161
 Amount of Each Receipt this Period: 99.41

C.

Full Name (Last, First, Middle Initial)
James K. Saccaro

Mailing Address Baxter Expat Admin PO Box 747
PO Box 747

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1018.58

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-170
 Amount of Each Receipt this Period: 54.38

SUBTOTAL of Receipts This Page (optional) ► 253.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 68
(check only one)

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

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

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

A.

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) James K. Saccaro | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| Mailing Address Baxter Expat Admin PO Box 747 PO Box 747 | | Transaction ID: 200910147489-171 |
| City Deerfield | State IL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 54.38 |
| Name of Employer Baxter World Trade Corporation | Occupation Away on Assignment | Aggregate Year-to-Date 1018.58 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) David P. Scharf | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 |
| Mailing Address 931 Oak Street | | Transaction ID: 20091013164459-156 |
| City Winnetka | State IL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 66.15 |
| Name of Employer Baxter International Inc. | Occupation Cvp, Corp Secretary, Deputy Gc | Aggregate Year-to-Date 1261.67 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) David P. Scharf | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 |
| Mailing Address 931 Oak Street | | Transaction ID: 200910147489-158 |
| City Winnetka | State IL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 81.73 |
| Name of Employer Baxter International Inc. | Occupation Cvp, Corp Secretary, Deputy Gc | Aggregate Year-to-Date 1261.67 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 202.26 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 52 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211
Unit 211

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP li, Mfg Strategic Planning
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.02

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-4

Amount of Each Receipt this Period
58.78

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

Mailing Address 1621 Mission Hills Rd Unit 211
Unit 211

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP li, Mfg Strategic Planning
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.02

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: 200910147489-4

Amount of Each Receipt this Period
58.78

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

Mailing Address 432 Utley

City State Zip Code
Elmhurst IL 60126

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP li, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1028.18

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: 20091013164459-140

Amount of Each Receipt this Period
54.86

SUBTOTAL of Receipts This Page (optional) ► **172.42**

TOTAL This Period (last page this line 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 53 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John P. Shannon

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

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

Name of Employer Baxter Healthcare Corporation
Occupation VP li, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1028.18

Date of Receipt 09 / 18 / 2009
Transaction ID: 200910147489-143
Amount of Each Receipt this Period 54.86

B.

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

Mailing Address 46 Hubbard Street

City Glastonbury State CT Zip Code 06033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 421.81

Date of Receipt 09 / 04 / 2009
Transaction ID: 20091013164459-90
Amount of Each Receipt this Period 22.39

C.

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

Mailing Address 66 Cooper Drive

City Glastonbury State CT Zip Code 06033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 421.81

Date of Receipt 09 / 18 / 2009
Transaction ID: 200910147489-92
Amount of Each Receipt this Period 22.39

SUBTOTAL of Receipts This Page (optional) ► 99.64

TOTAL This Period (last page this line 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 / 68 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | | | |
|---|---|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Deborah G. Spak | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 | | |
| | Mailing Address 1555 Stratford | | Transaction ID: 20091013164459-163 | | |
| | City Deerfield | State IL | Zip Code 60015 | Amount of Each Receipt this Period 13.56 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter International Inc. | Occupation Dir, Communications | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 253.74 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Deborah G. Spak | | Date of Receipt MM / DD / YYYY 09 / 18 / 2009 | | |
| | Mailing Address 1555 Stratford | | Transaction ID: 200910147489-165 | | |
| | City Deerfield | State IL | Zip Code 60015 | Amount of Each Receipt this Period 13.56 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter International Inc. | Occupation Dir, Communications | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 253.74 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Donald J. Sullivan | | Date of Receipt MM / DD / YYYY 09 / 04 / 2009 | | |
| | Mailing Address 910 W Cypress Drive | | Transaction ID: 20091013164459-147 | | |
| | City Arlington Heights | State IL | Zip Code 60005 | Amount of Each Receipt this Period 40.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Baxter International Inc. | Occupation VP, Risk Management | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 760.00 | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 67.12 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 68
(check only one)

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

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

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

A.

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

Mailing Address 910 W Cypress Drive

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Occupation
Baxter International Inc. VP, Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-150

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Karenann Terrell

Mailing Address 914 Queens Lanes

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Baxter International Inc. Cvp, Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-160

Amount of Each Receipt this Period
192.31

C.

Full Name (Last, First, Middle Initial)
Karenann Terrell

Mailing Address 914 Queens Lanes

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Baxter International Inc. Cvp, Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.89

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-162

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional) ► **424.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 68
(check only one)

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

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

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

A.

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

Mailing Address 416 W Oakwood Dr

City State Zip Code
Barrington IL 60010

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP li, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-1

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 416 W Oakwood Dr

City State Zip Code
Barrington IL 60010

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP li, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-1

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1896.99

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-133

Amount of Each Receipt this Period
100.89

SUBTOTAL of Receipts This Page (optional) ► **150.89**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 68
(check only one)

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

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

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

A.

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

Mailing Address 619 Oleander Drive

City Hallandale State FL Zip Code 33009

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

Name of Employer Baxter Healthcare Corporation Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1896.99

Date of Receipt 09 / 18 / 2009

Transaction ID: 200910147489-136

Amount of Each Receipt this Period 100.89

B.

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

Mailing Address 4306 Arenzano Way

City El Dorado Hills State CA Zip Code 95762

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 04 / 2009

Transaction ID: 20091013164459-84

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 4306 Arenzano Way

City El Dorado Hills State CA Zip Code 95762

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 18 / 2009

Transaction ID: 200910147489-86

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 140.89

TOTAL This Period (last page this line 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 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Cheryl L. White

Mailing Address 4069 Mayfield Street

City State Zip Code
Newbury Park CA 91320

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Cvp, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2809.67

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-146

Amount of Each Receipt this Period
148.85

B.

Full Name (Last, First, Middle Initial)
Cheryl L. White

Mailing Address 4069 Mayfield Street

City State Zip Code
Newbury Park CA 91320

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Cvp, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2809.67

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-149

Amount of Each Receipt this Period
148.85

C.

Full Name (Last, First, Middle Initial)
Deborah K. Williams

Mailing Address 3805 Fenchurch Rd

City State Zip Code
Baltimore MD 21218

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-86

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **347.70**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Deborah K. Williams

Mailing Address 3805 Fenchurch Rd

City State Zip Code
Baltimore MD 21218

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-88

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Vernon E. Williams

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: 20091013164459-126

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Vernon E. Williams

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 200910147489-129

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 60 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Ron K. Wilson

Mailing Address 6800 Red Rock Road

City Amarillo State TX Zip Code 79118

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sales Representative lii

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-98
 Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Ron K. Wilson

Mailing Address 6800 Red Rock Road

City Amarillo State TX Zip Code 79118

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Sales Representative lii

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: 200910147489-100
 Amount of Each Receipt this Period: 20.00

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

Mailing Address Baxter Healthcare Corp. One Baxter
One Baxter Parkway

City Deerfield State IL Zip Code 60015

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP, U.S. Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 915.72

Date of Receipt: 09 / 04 / 2009
Transaction ID: 20091013164459-100
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 68
(check only one)

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

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

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

| | | | | | |
|-----------|---|-------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Subramaniam Yogendran | | Date of Receipt | | |
| | Mailing Address Baxter Healthcare Corp. One Baxter One Baxter Parkway | | M M / D D / Y Y Y Y 09 / 18 / 2009 | | |
| | City Deerfield | State IL | Zip Code 60015 | Transaction ID: 200910147489-102 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 | | |
| | Name of Employer Baxter Healthcare Corpora- tion | Occupation VP, U.S. Supply Chain | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 915.72 | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 50.00 |
| TOTAL This Period (last page this line number only) | 9323.34 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: F05DF22EB6803DCB4B7</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 43E185E0C567C737E43</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ben Cardin for Senate</p> <p>Mailing Address PO Box 21093</p> <p>City Catonsville State MD Zip Code 21228</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Benjamin L. Cardin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B72D4C6EEEC706C491C</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 |

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

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 6AC16B55F8FDAC773C2</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 1D34B8BAEB45EF6A737</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc.</p> <p>Mailing Address PO Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Diana L. DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 44ADE3F84D0ACF59FBA</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 |

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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Enzi for Us Senate</p> <p>Mailing Address PO Box 2775</p> <p>City Cody State WY Zip Code 82414</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Michael B. Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 0736C582EABFCC56264</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Bennie Thompson</p> <p>Mailing Address PO Box 100 PO Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01CF0B06C5DF09B5B78</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 0F28FE9C52E1ED7C4D2</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 |

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 5BBE0CDCAEB649A2083</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 49084DEEF0D08F07A39</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Marion Berry for Congress</p> <p>Mailing Address PO Box 8084 PO Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 9C1BA89AE57B5CD44C2</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| 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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Melissa Bean for Congress</p> <p>Mailing Address PO Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Melissa Luburich Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 08</p> | <p>Transaction ID: FE24E6EBAE566B7769F</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> | <p>Transaction ID: 81CB8916E958D0C8388</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Orrinpac</p> <p>Mailing Address 175 S. West Temple, Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Orrinpac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Transaction ID: 58F6E78823D44E73017</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 68

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

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

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: A2DBEC7D252A0227E3C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Schiff for Congress <hr/> Mailing Address 777 S. Figueroa St. Suite 4050 <hr/> City Los Angeles State CA Zip Code 90017 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Adam B. Schiff <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: E5CD8D0D018CB418AA9 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2000.00 Category/Type 011 |

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

27000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 68

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 |

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

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Murphy for State Representative Mailing Address 155 North Grandview Ave City Dubuque State IA Zip Code 52001-6325 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 4D696570891A51E2D79 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 300.00 Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Paulsen for State House Committee Mailing Address PO Box 250 City Hiawatha State IA Zip Code 52233 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5DB299065212D7002EA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 200.00 Category/Type 011 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 500.00 |