

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="79859.96"/>	<input type="text" value="79859.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="87882.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12074.53"/>	<input type="text" value="30097.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="99957.44"/>	<input type="text" value="109957.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="99957.44"/>	<input type="text" value="99957.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5843.40	10256.90
(ii) Unitemized	6231.13	19840.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12074.53	30097.48
(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)	12074.53	30097.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12074.53	30097.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12074.53	30097.48

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	10000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12074.53	30097.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12074.53	30097.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5343 N Lakewood Ave

City State Zip Code
 Chicago IL 60640-2208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-51

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5343 N Lakewood Ave

City State Zip Code
 Chicago IL 60640-2208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-51

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2704 Oakmont Ct

City State Zip Code
 Weston FL 33332-1834

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

Name of Employer Occupation
 Baxter Export Corporation VP, Mfg - MP LAC Area

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-230

Amount of Each Receipt this Period
 53.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2704 Oakmont Ct

City Weston State FL Zip Code 33332-1834

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

Name of Employer Baxter Export Corporation Occupation VP, Mfg - MP LAC Area

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-231

Amount of Each Receipt this Period
53.85

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

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207-1707

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : 201402191141-15

Amount of Each Receipt this Period
77.25

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

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207-1707

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-15

Amount of Each Receipt this Period
77.25

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061-2572

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

Name of Employer Occupation
Baxter International Inc. CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.43

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : 201402191141-219

Amount of Each Receipt this Period
67.31

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061-2572

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

Name of Employer Occupation
Baxter International Inc. CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.43

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-220

Amount of Each Receipt this Period
70.19

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

Mailing Address 2420 Sidney St

City State Zip Code
Pittsburgh PA 15203-2117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-189

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	187.50
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 10 OF 25
(check only one)

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

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

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010-6950

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **581.95**

Date of Receipt
02 / 28 / 2014

Transaction ID : 20140228112215-173

Amount of Each Receipt this Period
116.39

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

Mailing Address 153 Calle Violeta

City San Juan State PR Zip Code 00927-6208

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.35**

Date of Receipt
02 / 14 / 2014

Transaction ID : 201402191141-254

Amount of Each Receipt this Period
57.27

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

Mailing Address 153 Calle Violeta

City San Juan State PR Zip Code 00927-6208

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.35**

Date of Receipt
02 / 28 / 2014

Transaction ID : 20140228112215-255

Amount of Each Receipt this Period
57.27

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.93**

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

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

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

Mailing Address 21515 W Hummingbird Ct

City State Zip Code
 Kildeer IL 60047-7213

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1086.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-55

Amount of Each Receipt this Period
 216.35

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

Mailing Address 21515 W Hummingbird Ct

City State Zip Code
 Kildeer IL 60047-7213

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1086.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-55

Amount of Each Receipt this Period
 220.67

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

Mailing Address 2330 W Course Dr

City State Zip Code
 Riverwoods IL 60015-1768

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 239.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-114

Amount of Each Receipt this Period
 47.97

SUBTOTAL of Receipts This Page (optional)..... ▶ 484.99

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

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

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

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

Full Name (Last, First, Middle Initial) A. Alex Blaine Forshage		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : 20140228112215-91
Mailing Address 909 Oakwood Ave		Amount of Each Receipt this Period 450.00
City Lake Forest	State IL	Zip Code 60045-1718
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Sls & Mkt - US BioT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Valery E. Gallagher		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : 201402191141-79
Mailing Address 14334 Spring Meadow Ct		Amount of Each Receipt this Period 84.70
City Libertyville	State IL	Zip Code 60048-2490
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.50	

Full Name (Last, First, Middle Initial) C. Valery E. Gallagher		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : 20140228112215-79
Mailing Address 14334 Spring Meadow Ct		Amount of Each Receipt this Period 84.70
City Libertyville	State IL	Zip Code 60048-2490
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.50	

SUBTOTAL of Receipts This Page (optional).....▶	219.40
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 13 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3775 Riverly Trce

City State Zip Code
 Marietta GA 30067-4241

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 ▼
 304.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-66

Amount of Each Receipt this Period
 60.90

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

Mailing Address 3775 Riverly Trce

City State Zip Code
 Marietta GA 30067-4241

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 ▼
 304.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-66

Amount of Each Receipt this Period
 60.90

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

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

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

Name of Employer Occupation
 Baxter Healthcare Corporation VP II, Strategy & Bus Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-121

Amount of Each Receipt this Period
 58.11

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.91

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

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

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

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

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

Mailing Address 1340 Crest Rd

City State Zip Code
Libertyville IL 60048-1515

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

Name of Employer Occupation
Baxter Healthcare Corporation VP II, Strategy & Bus Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-122

Amount of Each Receipt this Period
58.11

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

Mailing Address 126 Homewood Ave

City State Zip Code
Libertyville IL 60048-2122

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-207

Amount of Each Receipt this Period
50.00

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

Mailing Address 2208 Wesley Ave

City State Zip Code
Evanston IL 60201-2648

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

Name of Employer Occupation
Baxter International Inc. Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-209

Amount of Each Receipt this Period
91.39

SUBTOTAL of Receipts This Page (optional).....▶	199.50
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Irene P. Jakimcius
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Wesley Ave
 City Evanston State IL Zip Code 60201-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Assoc General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-210
 Amount of Each Receipt this Period
 91.39

B. Michael T. Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 W Lincoln Ave
 City Libertyville State IL Zip Code 60048-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-175
 Amount of Each Receipt this Period
 42.83

C. Julie S. Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Franklin Rd
 City Glencoe State IL Zip Code 60022-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-228
 Amount of Each Receipt this Period
 67.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.53
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

Mailing Address 252 Franklin Rd

City Glencoe State IL Zip Code 60022-1214

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-229

Amount of Each Receipt this Period
 67.31

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

Mailing Address 1240 S Walnut Ave

City Arlington Heights State IL Zip Code 60005-3056

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-178

Amount of Each Receipt this Period
 50.00

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

Mailing Address 21334 N Andover Rd

City Kildeer State IL Zip Code 60047-8622

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-155

Amount of Each Receipt this Period
 57.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

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

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

A. Betty D. Larson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21334 N Andover Rd
 City State Zip Code
 Kildeer IL 60047-8622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, HR - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-156
 Amount of Each Receipt this Period
 57.69

B. Timothy P. Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Museum Blvd
 Unit 210
 City State Zip Code
 Vernon Hills IL 60061-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Mfg & SC - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 382.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-168
 Amount of Each Receipt this Period
 76.58

C. Timothy P. Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Museum Blvd
 Unit 210
 City State Zip Code
 Vernon Hills IL 60061-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Mfg & SC - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 382.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-169
 Amount of Each Receipt this Period
 76.58

SUBTOTAL of Receipts This Page (optional).....▶	210.85
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-123

Amount of Each Receipt this Period
45.00

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

Mailing Address 2 W Delaware Pl Unit 2603

City Chicago State IL Zip Code 60610-3416

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

Name of Employer Baxter Healthcare Corporation Occupation GM, US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-40

Amount of Each Receipt this Period
50.00

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

Mailing Address 1760 Duffy Ln

City Bannockburn State IL Zip Code 60015-1512

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : 201402191141-211

Amount of Each Receipt this Period
198.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **293.46**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jeanne K. Mason
 Mailing Address 1760 Duffy Ln
 City Bannockburn State IL Zip Code 60015-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation CVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **996.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : 20140228112215-212
 Amount of Each Receipt this Period
202.69

Full Name (Last, First, Middle Initial)
B. Chris C. Miskel
 Mailing Address 169 Woodlake Blvd Apt 1809
 City Gurnee State IL Zip Code 60031-3290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Nat Accts - US BioScience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **259.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014
Transaction ID : 201402191141-197
 Amount of Each Receipt this Period
51.92

Full Name (Last, First, Middle Initial)
c. Chris C. Miskel
 Mailing Address 169 Woodlake Blvd Apt 1809
 City Gurnee State IL Zip Code 60031-3290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Nat Accts - US BioScience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **259.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : 20140228112215-198
 Amount of Each Receipt this Period
51.92

SUBTOTAL of Receipts This Page (optional)..... ▶ **306.53**
TOTAL This Period (last page this line 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 OF 25
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City State Zip Code
Wheaton IL 60189-1513

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

Name of Employer Occupation
Baxter Healthcare Corporation VP Sales, Nat'l & Strategic Ac

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : 20140228112215-81

Amount of Each Receipt this Period
50.00

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

Mailing Address 6816 W Palatine Ave

City State Zip Code
Chicago IL 60631-2111

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

Name of Employer Occupation
Baxter International Inc. Sr Mgr, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : 20140228112215-216

Amount of Each Receipt this Period
50.00

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

Mailing Address 791 Summit Ave

City State Zip Code
Lake Forest IL 60045-1830

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014
Transaction ID : 20140228112215-203

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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

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

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

Mailing Address 1332 Edgewood Ln

City Northbrook State IL Zip Code 60062-4716

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

Name of Employer Baxter International Inc. Occupation Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2951.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-218

Amount of Each Receipt this Period
 590.38

B. Robert L. Parkinson
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Edgewood Ln

City Northbrook State IL Zip Code 60062-4716

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

Name of Employer Baxter International Inc. Occupation Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2951.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : 20140228112215-219

Amount of Each Receipt this Period
 590.38

C. Linda J. Peters
Full Name (Last, First, Middle Initial)

Mailing Address 14866 Sanctuary Ln

City Libertyville State IL Zip Code 60048-9611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : 201402191141-24

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1280.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda J. Peters		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : 20140228112215-24
Mailing Address 14866 Sanctuary Ln		Amount of Each Receipt this Period 100.00
City Libertyville	State IL	Zip Code 60048-9611
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, RA - Med Products
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Carla D. Pittman		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : 201402191141-157
Mailing Address 3933 Kenway Ave		Amount of Each Receipt this Period 72.12
City Los Angeles	State CA	Zip Code 90008-4805
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.60	

Full Name (Last, First, Middle Initial) C. Carla D. Pittman		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : 20140228112215-158
Mailing Address 3933 Kenway Ave		Amount of Each Receipt this Period 72.12
City Los Angeles	State CA	Zip Code 90008-4805
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.60	

SUBTOTAL of Receipts This Page (optional).....▶	244.24
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: (check only one)	PAGE 23 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Roibin Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 1419 W Berteau Ave
City Chicago State IL Zip Code 60613-1914
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 543.10

Date of Receipt 02 / 14 / 2014
Transaction ID : 201402191141-210
Amount of Each Receipt this Period 108.62

B. Roibin Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 1419 W Berteau Ave
City Chicago State IL Zip Code 60613-1914
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 543.10

Date of Receipt 02 / 28 / 2014
Transaction ID : 20140228112215-211
Amount of Each Receipt this Period 108.62

c. David P. Scharf
Full Name (Last, First, Middle Initial)
Mailing Address 931 Oak St
City Winnetka State IL Zip Code 60093-2440
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter International Inc. Occupation CVP, General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 617.90

Date of Receipt 02 / 14 / 2014
Transaction ID : 201402191141-207
Amount of Each Receipt this Period 123.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.32
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 25
(check only one)

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

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

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

Mailing Address 931 Oak St

City State Zip Code
Winnetka IL 60093-2440

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
617.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-208

Amount of Each Receipt this Period
125.58

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

Mailing Address 619 Oleander Dr

City State Zip Code
Hallandale Beach FL 33009-6531

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

Name of Employer Occupation
Baxter Healthcare Corporation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.15

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : 201402191141-170

Amount of Each Receipt this Period
115.43

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

Mailing Address 619 Oleander Dr

City State Zip Code
Hallandale Beach FL 33009-6531

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

Name of Employer Occupation
Baxter Healthcare Corporation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.15

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 20140228112215-171

Amount of Each Receipt this Period
115.43

SUBTOTAL of Receipts This Page (optional)..... ▶ **356.44**

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

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

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

Mailing Address 1 Baxter Pkwy
Df 4-2E

City Deerfield State IL Zip Code 60015-4625

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

Name of Employer Baxter Healthcare Corporation Occupation VP, SC - MP US & Canada

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.65

Date of Receipt
02 / 14 / 2014
Transaction ID : 201402191141-114

Amount of Each Receipt this Period
56.33

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

Mailing Address 1 Baxter Pkwy
Df 4-2E

City Deerfield State IL Zip Code 60015-4625

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

Name of Employer Baxter Healthcare Corporation Occupation VP, SC - MP US & Canada

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.65

Date of Receipt
02 / 28 / 2014
Transaction ID : 20140228112215-115

Amount of Each Receipt this Period
56.33

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	112.66
TOTAL This Period (last page this line number only).....▶	5843.40