



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>		79859.96
(b) Cash on Hand at Beginning of Reporting Period.....	66408.87	
(c) Total Receipts (from Line 19) .....	10306.13	87355.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76715.00	167215.00
7. Total Disbursements (from Line 31).....	1000.00	91500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75715.00	75715.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	7930.11	49068.95
(ii) Unitemized .....	2376.02	38286.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10306.13	87355.04
(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) .....	10306.13	87355.04
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))..... ▶	10306.13	87355.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10306.13	87355.04

**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.....	1000.00	83500.00
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	8000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	91500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	91500.00

**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) .....	10306.13	87355.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10306.13	87355.04
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 73  
(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. Karen Andrews**  
 Mailing Address 10146 E Morning Star Dr  
 City State Zip Code  
 Scottsdale AZ 85255-8620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation BioT Principal TBM Pulmonary  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 203.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-55**  
 Amount of Each Receipt this Period  
 13.67

Full Name (Last, First, Middle Initial)  
**B. Katherine Azuara**  
 Mailing Address 2621 Dorado Ct  
 City State Zip Code  
 Thousand Oaks CA 91362-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Head of Ext Quality/ Sr. Dir.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-238**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Katherine Azuara**  
 Mailing Address 2621 Dorado Ct  
 City State Zip Code  
 Thousand Oaks CA 91362-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Head of Ext Quality/ Sr. Dir.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-223**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael J. Baughman</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2014 <b>Transaction ID : 2014081415424-103</b>
Mailing Address 5343 N Lakewood Ave		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60640-2208
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Finance - Med Products		Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael J. Baughman</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014081415453-102</b>
Mailing Address 5343 N Lakewood Ave		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60640-2208
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Finance - Med Products		Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William Kevin Beckham</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2014 <b>Transaction ID : 2014081415424-266</b>
Mailing Address 1224 Grace Ln		Amount of Each Receipt this Period 20.00
City Mountain Home	State AR	Zip Code 72653-5604
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Dir, Manufacturing		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> 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 73
	<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. William Kevin Beckham**  
Full Name (Last, First, Middle Initial)

Mailing Address 1224 Grace Ln

City Mountain Home State AR Zip Code 72653-5604

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-255**

Amount of Each Receipt this Period  
 20.00

**B. Mariko Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1772 Dryden Way

City Crofton State MD Zip Code 21114-1436

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-121**

Amount of Each Receipt this Period  
 15.00

**C. Mariko Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1772 Dryden Way

City Crofton State MD Zip Code 21114-1436

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-120**

Amount of Each Receipt this Period  
 15.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 OF 73  
(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. Edwin A. Betancourt**

Mailing Address 2704 Oakmont Ct

City State Zip Code  
 Weston FL 33332-1834

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 815.94

Date of Receipt  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-21**

Amount of Each Receipt this Period  
 54.76

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

Mailing Address 2704 Oakmont Ct

City State Zip Code  
 Weston FL 33332-1834

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 815.94

Date of Receipt  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-20**

Amount of Each Receipt this Period  
 54.76

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

Mailing Address 5172 Ohio St

City State Zip Code  
 Yorba Linda CA 92886-4115

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-25**

Amount of Each Receipt this Period  
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 73
	(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

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. Simon Bhasin**

Mailing Address 5172 Ohio St

City Yorba Linda State CA Zip Code 92886-4115

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-25**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015-0747

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-37**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015-0747

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-35**

Amount of Each Receipt this Period  
**25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 73
	<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. Linda K. Boltz**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
07 / 04 / 2014  
**Transaction ID : 2014081415424-223**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
07 / 18 / 2014  
**Transaction ID : 2014081415453-229**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
07 / 04 / 2014  
**Transaction ID : 2014081415424-62**

Amount of Each Receipt this Period  
**20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 73
<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**

Full Name (Last, First, Middle Initial) <b>A. Gregg Boyer</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014081415453-61</b>
Mailing Address 242 W Waltann Ln		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85023-3666
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation AVP, Sales - National Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jan M. Brase</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2014 <b>Transaction ID : 2014081415424-191</b>
Mailing Address 15 Manitoba Woods Ln		Amount of Each Receipt this Period 20.00
City Spencerport	State NY	Zip Code 14559-2405
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jan M. Brase</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014081415453-188</b>
Mailing Address 15 Manitoba Woods Ln		Amount of Each Receipt this Period 20.00
City Spencerport	State NY	Zip Code 14559-2405
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Susan K. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 Geneva St  
 City Glendale State CA Zip Code 91207-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - Plasma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1124.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-240**  
 Amount of Each Receipt this Period  
 31.49

**B. Susan K. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 Geneva St  
 City Glendale State CA Zip Code 91207-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg - Plasma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1124.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-227**  
 Amount of Each Receipt this Period  
 78.72

**C. Sebastian J. Bufalino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1091 Pine Meadow Ct  
 City Vernon Hills State IL Zip Code 60061-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation CVP, Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-2**  
 Amount of Each Receipt this Period  
 70.19

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.40
<b>TOTAL</b> 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 14 OF 73  
(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. Sebastian J. Bufalino**  
 Mailing Address 1091 Pine Meadow Ct  
 City State Zip Code  
 Vernon Hills IL 60061-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter International Inc. CVP, Controller  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1041.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-3**  
 Amount of Each Receipt this Period  
 70.19

Full Name (Last, First, Middle Initial)  
**B. Dori Capretti**  
 Mailing Address 2420 Sidney St  
 City State Zip Code  
 Pittsburgh PA 15203-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Payor Account Exec, Bio  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-158**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Dori Capretti**  
 Mailing Address 2420 Sidney St  
 City State Zip Code  
 Pittsburgh PA 15203-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Payor Account Exec, Bio  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-164**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.19  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 73  
(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. Lauren Marie Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1721 Dewes St  
 City State Zip Code  
 Glenview IL 60025-4301  
 Date of Receipt: 07 / 04 / 2014  
**Transaction ID : 2014081415424-173**  
 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, Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 375.00

**B. Lauren Marie Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1721 Dewes St  
 City State Zip Code  
 Glenview IL 60025-4301  
 Date of Receipt: 07 / 18 / 2014  
**Transaction ID : 2014081415453-167**  
 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, Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 375.00

**C. Ronald D. Chase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1090 Medford Rd  
 City State Zip Code  
 Pasadena CA 91107-1701  
 Date of Receipt: 07 / 04 / 2014  
**Transaction ID : 2014081415424-96**  
 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, IT - BioScience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 73
	(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

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. Ronald D. Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1090 Medford Rd  
City Pasadena State CA Zip Code 91107-1701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, IT - BioScience  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014081415453-96**  
Amount of Each Receipt this Period **25.00**

**B. Harriet Clemons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1255 Town Center Rd Unit 3Q  
City Vernon Hills State IL Zip Code 60061-4194  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 04 / 2014**  
**Transaction ID : 2014081415424-156**  
Amount of Each Receipt this Period **50.00**

**C. Harriet Clemons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1255 Town Center Rd Unit 3Q  
City Vernon Hills State IL Zip Code 60061-4194  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014081415453-159**  
Amount of Each Receipt this Period **50.00**

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

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

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

FOR LINE NUMBER: PAGE 17 OF 73  
(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. Mark Coin**

Mailing Address 1006 S St NW

City Washington State DC Zip Code 20001-5073

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **696.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-109**

Amount of Each Receipt this Period  
**46.85**

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

Mailing Address 1006 S St NW

City Washington State DC Zip Code 20001-5073

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **696.39**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-108**

Amount of Each Receipt this Period  
**46.85**

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

Mailing Address 23 Wynstone Way

City North Barrington State IL Zip Code 60010-6950

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1768.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-270**

Amount of Each Receipt this Period  
**118.95**

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 73  
(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. Sarah L. Creviston**  
 Mailing Address 23 Wynstone Way  
 City State Zip Code  
 North Barrington IL 60010-6950  
 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 ▼  
 1768.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-264**  
 Amount of Each Receipt this Period  
 118.95

Full Name (Last, First, Middle Initial)  
**B. Margarita Cruz-casse**  
 Mailing Address 153 Calle Violeta  
 City State Zip Code  
 San Juan PR 00927-6208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Dir, Logistics  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 866.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-9**  
 Amount of Each Receipt this Period  
 58.13

Full Name (Last, First, Middle Initial)  
**c. Margarita Cruz-casse**  
 Mailing Address 153 Calle Violeta  
 City State Zip Code  
 San Juan PR 00927-6208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Dir, Logistics  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 866.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-8**  
 Amount of Each Receipt this Period  
 58.13

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

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

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

FOR LINE NUMBER: PAGE 19 OF 73  
(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. Ronald L. Czaplicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17525 W Cottonwood Ct  
 City Grayslake State IL Zip Code 60030-1998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-29**  
 Amount of Each Receipt this Period 20.00

**B. Ronald L. Czaplicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17525 W Cottonwood Ct  
 City Grayslake State IL Zip Code 60030-1998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-29**  
 Amount of Each Receipt this Period 20.00

**C. Salvatore S. Dadouche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868 Interlaken Dr  
 City Lake Zurich State IL Zip Code 60047-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-46**  
 Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 73  
(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. Salvatore S. Dadouche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868 Interlaken Dr  
 City Lake Zurich State IL Zip Code 60047-1338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-48**  
 Amount of Each Receipt this Period 200.00

**B. Barry M. Deutsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 W Course Dr  
 City Riverwoods State IL Zip Code 60015-1768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 727.11

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-49**  
 Amount of Each Receipt this Period 48.81

**C. Barry M. Deutsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 W Course Dr  
 City Riverwoods State IL Zip Code 60015-1768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP I, Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 727.11

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-52**  
 Amount of Each Receipt this Period 48.81

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.62  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 5213 S Jordan Ln

City State Zip Code  
Spokane WA 99224-5342

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

Name of Employer Occupation  
Baxter Healthcare Corporation Mgr, Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 04 / 2014  
**Transaction ID : 2014081415424-45**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 5213 S Jordan Ln

City State Zip Code  
Spokane WA 99224-5342

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

Name of Employer Occupation  
Baxter Healthcare Corporation Mgr, Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2014  
**Transaction ID : 2014081415453-47**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 189 Lions Ct

City State Zip Code  
Lake Zurich IL 60047-7012

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

Name of Employer Occupation  
Baxter International Inc. Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 04 / 2014  
**Transaction ID : 2014081415424-33**

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 73
	<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. Peter Etienne**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Lions Ct

City Lake Zurich State IL Zip Code 60047-7012

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-45**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-244**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 909 Oakwood Ave

City Lake Forest State IL Zip Code 60045-1718

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-241**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> 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 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Guy G. Fusco</b>		Date of Receipt 07 / 04 / 2014 <b>Transaction ID : 2014081415424-35</b>
Mailing Address 572 Greenway Dr		Amount of Each Receipt this Period 20.00
City Lake Forest	State IL	Zip Code 60045-4801
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter World Trade Corporation	Occupation VP, HR - Global Functions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Guy G. Fusco</b>		Date of Receipt 07 / 18 / 2014 <b>Transaction ID : 2014081415453-32</b>
Mailing Address 572 Greenway Dr		Amount of Each Receipt this Period 20.00
City Lake Forest	State IL	Zip Code 60045-4801
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter World Trade Corporation	Occupation VP, HR - Global Functions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Valery E. Gallagher</b>		Date of Receipt 07 / 04 / 2014 <b>Transaction ID : 2014081415424-63</b>
Mailing Address 14334 Spring Meadow Ct		Amount of Each Receipt this Period 86.31
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 ▼ 1284.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Valery E. Gallagher</b>		Date of Receipt
Mailing Address 14334 Spring Meadow Ct		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Libertyville	IL	60048-2490
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2014081415453-62</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Dir, State Government Affairs	<input type="text" value="86.31"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1284.99"/>	

Full Name (Last, First, Middle Initial) <b>B. Cynthia L. Gallien</b>		Date of Receipt
Mailing Address 3005 S Forrester St		<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bloomington	IN	47401-4494
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2014081415424-12</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Dir, Business HR	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cynthia L. Gallien</b>		Date of Receipt
Mailing Address 3005 S Forrester St		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bloomington	IN	47401-4494
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2014081415453-11</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Dir, Business HR	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="126.31"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **927.18**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2014

**Transaction ID : 2014081415424-264**

Amount of Each Receipt this Period  

62.42
-------

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 ▼ **927.18**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

**Transaction ID : 2014081415453-251**

Amount of Each Receipt this Period  

62.42
-------

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

Mailing Address 648 Cameron Dr

City	State	Zip Code
Antioch	IL	60002-1185

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2014

**Transaction ID : 2014081415424-271**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>154.84</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 73
	<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. Joseph P. Gomes**  
Full Name (Last, First, Middle Initial)

Mailing Address 648 Cameron Dr

City Antioch State IL Zip Code 60002-1185

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-269**

Amount of Each Receipt this Period 30.00

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

Mailing Address 730 Windermere Xing E

City Madisonville State LA Zip Code 70447-3150

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-167**

Amount of Each Receipt this Period 15.00

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

Mailing Address 730 Windermere Xing E

City Madisonville State LA Zip Code 70447-3150

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-155**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. William J. Gresham</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2014 <b>Transaction ID : 2014081415424-131</b>
Mailing Address 909 Clinton Pl		Amount of Each Receipt this Period 25.00
City River Forest	State IL	Zip Code 60305-1503
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	
Occupation Dir, Ethics & Compliance/EHS		Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William J. Gresham</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014081415453-129</b>
Mailing Address 909 Clinton Pl		Amount of Each Receipt this Period 25.00
City River Forest	State IL	Zip Code 60305-1503
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	
Occupation Dir, Ethics & Compliance/EHS		Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Loyd Kenneth Harper</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014081415453-2</b>
Mailing Address 1860 Fairport Dr		Amount of Each Receipt this Period 50.00
City Grayslake	State IL	Zip Code 60030-7947
FEC ID number of contributing federal political committee. C	Name of Employer Baxter	
Occupation Dir, Payer & Channel Marketing		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 OF 73  
(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. Aaron J. Hebbeln**

Mailing Address 1305 Kristin Dr

City State Zip Code  
 Libertyville IL 60048-1285

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-115**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 1305 Kristin Dr

City State Zip Code  
 Libertyville IL 60048-1285

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-114**

Amount of Each Receipt this Period  
 30.00

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, Strategy & Integration

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 889.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-67**

Amount of Each Receipt this Period  
 60.14

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

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

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

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

FOR LINE NUMBER: PAGE 29 OF 73  
(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**

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

Mailing Address 1340 Crest Rd

City State Zip Code  
Libertyville IL 60048-1515

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
889.92

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2014  
**Transaction ID : 2014081415453-76**

Amount of Each Receipt this Period  
60.14

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

Mailing Address 126 Homewood Ave

City State Zip Code  
Libertyville IL 60048-2122

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 04 / 2014  
**Transaction ID : 2014081415424-4**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 126 Homewood Ave

City State Zip Code  
Libertyville IL 60048-2122

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2014  
**Transaction ID : 2014081415453-5**

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 30 OF 73  
(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. Kim Isenberg**  
 Mailing Address 5028 Belmont Ave S  
 City State Zip Code  
 Minneapolis MN 55419-1312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Manager, Reimb and Advocacy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-135**  
 Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Kim Isenberg**  
 Mailing Address 5028 Belmont Ave S  
 City State Zip Code  
 Minneapolis MN 55419-1312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Manager, Reimb and Advocacy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-135**  
 Amount of Each Receipt this Period  
 35.00

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 ▼  
 1383.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-105**  
 Amount of Each Receipt this Period  
 92.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.85  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 73
<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**

Full Name (Last, First, Middle Initial) <b>A. Irene P. Jakimcius</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014 <b>Transaction ID : 2014081415453-104</b>
Mailing Address 2208 Wesley Ave		Amount of Each Receipt this Period 92.85
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1383.99	

Full Name (Last, First, Middle Initial) <b>B. Michael T. Jennings</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 04 / 2014 <b>Transaction ID : 2014081415424-169</b>
Mailing Address 130 W Lincoln Ave		Amount of Each Receipt this Period 43.56
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.02	

Full Name (Last, First, Middle Initial) <b>C. Michael T. Jennings</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014 <b>Transaction ID : 2014081415453-161</b>
Mailing Address 130 W Lincoln Ave		Amount of Each Receipt this Period 43.56
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	179.97
<b>TOTAL</b> 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 OF 73  
(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. Kurt Johnson**

Mailing Address 2322 Central Park Ave

City State Zip Code  
 Evanston IL 60201-1810

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014

**Transaction ID : 2014081415424-14**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 2322 Central Park Ave

City State Zip Code  
 Evanston IL 60201-1810

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : 2014081415453-14**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 31385 W Somerset Cir

City State Zip Code  
 Libertyville IL 60048-4886

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014

**Transaction ID : 2014081415424-22**

Amount of Each Receipt this Period  
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 73
	<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. Robert A. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 31385 W Somerset Cir

City Libertyville State IL Zip Code 60048-4886

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014081415453-21**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 1520 Greystone Dr

City Gurnee State IL Zip Code 60031-9128

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 04 / 2014**

**Transaction ID : 2014081415424-212**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 1520 Greystone Dr

City Gurnee State IL Zip Code 60031-9128

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014081415453-203**

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 73
	<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. Omar H. Khalil**  
Full Name (Last, First, Middle Initial)

Mailing Address 821 Windsor Rd

City Glenview State IL Zip Code 60025-3128

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-10**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 821 Windsor Rd

City Glenview State IL Zip Code 60025-3128

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-9**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address PO Box 747  
Baxter Expat Admin

City Deerfield State IL Zip Code 60015-0747

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **942.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-125**

Amount of Each Receipt this Period  
**67.31**

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 73
<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. Helena M. Klumpp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Isabella St  
 City Evanston State IL Zip Code 60201-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Senior Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-41**  
 Amount of Each Receipt this Period  
 20.00

**B. Helena M. Klumpp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Isabella St  
 City Evanston State IL Zip Code 60201-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Senior Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-40**  
 Amount of Each Receipt this Period  
 20.00

**C. Brian J. LaMarca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2261 Zach Scott St  
 City Austin State TX Zip Code 78723-5463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-252**  
 Amount of Each Receipt this Period  
 28.56

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 73
	<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. Brian J. LaMarca**  
Full Name (Last, First, Middle Initial)

Mailing Address 2261 Zach Scott St

City Austin State TX Zip Code 78723-5463

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.64

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-256**

Amount of Each Receipt this Period 28.56

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

Mailing Address 21334 N Andover Rd

City Kildeer State IL Zip Code 60047-8622

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 891.36

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-262**

Amount of Each Receipt this Period 60.58

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

Mailing Address 21334 N Andover Rd

City Kildeer State IL Zip Code 60047-8622

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 891.36

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-247**

Amount of Each Receipt this Period 60.58

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 149.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Timothy P. Lawrence</b>		Date of Receipt
Mailing Address 1175 Museum Blvd Unit 210		M M M / D D D / Y Y Y Y Y Y 07 / 04 / 2014
City Vernon Hills	State IL	Zip Code 60061-3156
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 2014081415424-134</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Mfg & SC - Med Products		78.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1165.98

Full Name (Last, First, Middle Initial) <b>B. Timothy P. Lawrence</b>		Date of Receipt
Mailing Address 1175 Museum Blvd Unit 210		M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014
City Vernon Hills	State IL	Zip Code 60061-3156
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 2014081415453-134</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Mfg & SC - Med Products		78.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1165.98

Full Name (Last, First, Middle Initial) <b>C. Mary F. Lemke</b>		Date of Receipt
Mailing Address 3121 Renaissance Way NE		M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014
City Atlanta	State GA	Zip Code 30308-2463
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 2014081415453-30</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation Mgr, Region		13.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		201.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 73  
(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. Jacopo Leonardi**

Mailing Address 319 Vincent Ct

City State Zip Code  
 Lake Bluff IL 60044-2758

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

Name of Employer Occupation  
 Baxter Healthcare Corporation GM, US Hemophilia

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-100**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 319 Vincent Ct

City State Zip Code  
 Lake Bluff IL 60044-2758

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

Name of Employer Occupation  
 Baxter Healthcare Corporation GM, US Hemophilia

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-99**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 3623 Stanford Cir

City State Zip Code  
 Falls Church VA 22041-1316

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-64**

Amount of Each Receipt this Period  
**45.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **95.00**

**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 OF 73  
(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. 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 ▼ **675.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014081415453-63**  
 Amount of Each Receipt this Period **45.00**

Full Name (Last, First, Middle Initial)  
**B. Josephine M. Li-McLeod**  
 Mailing Address 758 Cranmont Ct  
 City Simi Valley State CA Zip Code 93065-7075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director, MORE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 04 / 2014**  
**Transaction ID : 2014081415424-106**  
 Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)  
**C. Josephine M. Li-McLeod**  
 Mailing Address 758 Cranmont Ct  
 City Simi Valley State CA Zip Code 93065-7075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director, MORE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014081415453-105**  
 Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **95.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 73
	<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. John W. Lifer**  
Full Name (Last, First, Middle Initial)

Mailing Address 5601 E Country Rdg

City Fayetteville State AR Zip Code 72701-7455

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 04 / 2014**

**Transaction ID : 2014081415424-44**

Amount of Each Receipt this Period **25.00**

**B. John W. Lifer**  
Full Name (Last, First, Middle Initial)

Mailing Address 5601 E Country Rdg

City Fayetteville State AR Zip Code 72701-7455

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014081415453-44**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 2 W Delaware Pl Unit 2603

City Chicago State IL Zip Code 60610-3416

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, BioTherapeutics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 04 / 2014**

**Transaction ID : 2014081415424-151**

Amount of Each Receipt this Period **50.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. 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 GFH, BioTherapeutics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
07 / 18 / 2014  
**Transaction ID : 2014081415453-151**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 04 / 2014  
**Transaction ID : 2014081415424-199**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 18 / 2014  
**Transaction ID : 2014081415453-202**

Amount of Each Receipt this Period  
20.00

**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: (check only one)	PAGE 43 OF 73
	<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. Marcus A. Luna**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748-1718

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

Name of Employer Baxter Healthcare Corporation Occupation Hemophilia TBM

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  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-39**

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748-1718

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

Name of Employer Baxter Healthcare Corporation Occupation Hemophilia TBM

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  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-38**

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 6625 Barnaby St NW

City Washington State DC Zip Code 20015-2331

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-56**

Amount of Each Receipt this Period  
 35.00

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

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

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

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

FOR LINE NUMBER: PAGE 44 OF 73  
(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. Jack Maniko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6625 Barnaby St NW  
City Washington State DC Zip Code 20015-2331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Dir, Fed Legislative Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.00**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014081415453-51**  
Amount of Each Receipt this Period **35.00**

**B. Michael E. Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10680 Red Leaf Cir  
City Village Of Lakewoo State IL Zip Code 60014-4852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, MPO Program Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **332.61**

Date of Receipt **07 / 04 / 2014**  
**Transaction ID : 2014081415424-119**  
Amount of Each Receipt this Period **22.39**

**C. Michael E. Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10680 Red Leaf Cir  
City Village Of Lakewoo State IL Zip Code 60014-4852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, MPO Program Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **332.61**

Date of Receipt **07 / 18 / 2014**  
**Transaction ID : 2014081415453-118**  
Amount of Each Receipt this Period **22.39**

**SUBTOTAL** of Receipts This Page (optional)..... **79.78**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 45 OF 73  
(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. 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 ▼ **3023.43**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**  
**Transaction ID : 2014081415424-8**  
 Amount of Each Receipt this Period  
**202.69**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **3023.43**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**  
**Transaction ID : 2014081415453-7**  
 Amount of Each Receipt this Period  
**202.69**

Full Name (Last, First, Middle Initial)  
**c. John A. McCoy**  
 Mailing Address 122 Surrey Ln  
 City Lake Forest State IL Zip Code 60045-3472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation VP, Corporate Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**  
**Transaction ID : 2014081415424-31**  
 Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **425.38**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 73
<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. John A. McCoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Surrey Ln  
 City Lake Forest State IL Zip Code 60045-3472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation VP, Corporate Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-36**  
 Amount of Each Receipt this Period 20.00

**B. John K. McVey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 Longwood Rd  
 City Libertyville State IL Zip Code 60048-9447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-254**  
 Amount of Each Receipt this Period 27.00

**C. John K. McVey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 Longwood Rd  
 City Libertyville State IL Zip Code 60048-9447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-260**  
 Amount of Each Receipt this Period 27.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 73
	<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. Dana Mendenhall**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 S Sangamon St  
Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-60**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 106 S Sangamon St  
Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-58**

Amount of Each Receipt this Period  
**25.00**

**C. Chris C. Miskel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1950 Lake Charles Dr

City Vernon Hills State IL Zip Code 60061-4578

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **790.50**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-162**

Amount of Each Receipt this Period  
**53.22**

**SUBTOTAL** of Receipts This Page (optional)..... **103.22**

**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 48 OF 73  
(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. Chris C. Miskel**

Mailing Address 1950 Lake Charles Dr

City State Zip Code  
 Vernon Hills IL 60061-4578

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 790.50

Date of Receipt  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-174**

Amount of Each Receipt this Period  
 53.22

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

Mailing Address 4 Lost Meadow Cv

City State Zip Code  
 The Hills TX 78738-1341

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Renal Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-99**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 4 Lost Meadow Cv

City State Zip Code  
 The Hills TX 78738-1341

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Renal Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-111**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.22

**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 49 OF 73  
(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. 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, Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-239**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. 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, Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-226**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**c. 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. Dir, Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-65**

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: (check only one)	PAGE 50 OF 73
<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. Christina Noland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6816 W Palatine Ave  
City Chicago State IL Zip Code 60631-2111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation Dir, Communications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-69**  
Amount of Each Receipt this Period 50.00

**B. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 791 Summit Ave  
City Lake Forest State IL Zip Code 60045-1830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-268**  
Amount of Each Receipt this Period 45.00

**C. Peter J. O'Malley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 791 Summit Ave  
City Lake Forest State IL Zip Code 60045-1830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-259**  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Stasia L. Ogden</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2014 <b>Transaction ID : 2014081415424-43</b>
Mailing Address 1750 W Cortland St		Amount of Each Receipt this Period 20.00
City Chicago	State IL	Zip Code 60622-1123
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter Healthcare Corporation	Occupation Assoc GC - IP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Stasia L. Ogden</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 2014081415453-43</b>
Mailing Address 1750 W Cortland St		Amount of Each Receipt this Period 20.00
City Chicago	State IL	Zip Code 60622-1123
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter Healthcare Corporation	Occupation Assoc GC - IP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Robert L. Parkinson</b>		Date of Receipt MM / DD / YYYY 07 / 04 / 2014 <b>Transaction ID : 2014081415424-260</b>
Mailing Address 1332 Edgewood Ln		Amount of Each Receipt this Period 0.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 73
	<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. Robert L. Parkinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Edgewood Ln

City Northbrook State IL Zip Code 60062-4716

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-268**

Amount of Each Receipt this Period 0.00

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

Mailing Address 1933 Oak Tree Trl

City Lake Villa State IL Zip Code 60046-7557

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

Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-189**

Amount of Each Receipt this Period 15.00

**C. Timothy J. Pasternak**  
Full Name (Last, First, Middle Initial)

Mailing Address 1933 Oak Tree Trl

City Lake Villa State IL Zip Code 60046-7557

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

Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-184**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 73  
(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. Jed M. Perry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9078 Brook Ford Rd  
 City State Zip Code  
 Burke VA 22015-3617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, Fed Affairs & Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-92**  
 Amount of Each Receipt this Period  
 30.00

**B. Jed M. Perry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9078 Brook Ford Rd  
 City State Zip Code  
 Burke VA 22015-3617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, Fed Affairs & Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-90**  
 Amount of Each Receipt this Period  
 30.00

**C. Linda J. Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14866 Sanctuary Ln  
 City State Zip Code  
 Libertyville IL 60048-9611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, RA - Med Products  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-241**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 73
	<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. 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 ▼ 1500.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-228**

Amount of Each Receipt this Period 100.00

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

Mailing Address 3933 Kenway Ave

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1081.80

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-142**

Amount of Each Receipt this Period 72.12

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

Mailing Address 3933 Kenway Ave

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1081.80

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-139**

Amount of Each Receipt this Period 72.12

**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: PAGE 55 OF 73  
(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. Heather L. Polk**

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

City Chicago State IL Zip Code 60626-6070

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-222**

Amount of Each Receipt this Period  
 25.00

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

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

City Chicago State IL Zip Code 60626-6070

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-225**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-203**

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 56 OF 73  
(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. Joseph A. Pudlo**  
 Mailing Address 525 Trestle Ct  
 City State Zip Code  
 Grayslake IL 60030-2766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-212**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Julie A. Quick**  
 Mailing Address 3223 Epstein Cir  
 City State Zip Code  
 Mundelein IL 60060-6049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BioLife Plasma L.L.C. Sr Mgr, Reg Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 363.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-250**  
 Amount of Each Receipt this Period  
 24.38

Full Name (Last, First, Middle Initial)  
**c. Julie A. Quick**  
 Mailing Address 3223 Epstein Cir  
 City State Zip Code  
 Mundelein IL 60060-6049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BioLife Plasma L.L.C. Sr Mgr, Reg Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 363.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-252**  
 Amount of Each Receipt this Period  
 24.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.76  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 73  
(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. Janet L. Raciti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Wimbledon Ct  
 City Lincolnshire State IL Zip Code 60069-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-76**  
 Amount of Each Receipt this Period  
 40.00

**B. Janet L. Raciti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Wimbledon Ct  
 City Lincolnshire State IL Zip Code 60069-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-74**  
 Amount of Each Receipt this Period  
 40.00

**C. Jeffrey G. Reading**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 Pawnee Xing  
 City Edmond State OK Zip Code 73034-6873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-132**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2421 Pawnee Xing

City Edmond State OK Zip Code 73034-6873

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

Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-131**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 10210 Angora Dr

City Cheltenham State MD Zip Code 20623-1068

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

Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-5**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 10210 Angora Dr

City Cheltenham State MD Zip Code 20623-1068

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

Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-12**

Amount of Each Receipt this Period  
**25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Joseph Russo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27928 Periwinkle Ln  
 City Valencia State CA Zip Code 91354-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.38

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-140**  
 Amount of Each Receipt this Period 36.94

**B. Joseph Russo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27928 Periwinkle Ln  
 City Valencia State CA Zip Code 91354-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.38

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-146**  
 Amount of Each Receipt this Period 36.94

**C. Roibin Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1419 W Berteau Ave  
 City Chicago State IL Zip Code 60613-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1629.30

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-90**  
 Amount of Each Receipt this Period 108.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 73
	<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. 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 ▼ 1629.30

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-88**  
Amount of Each Receipt this Period 108.62

**B. Kaissar Saade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18522 Roslin Ave  
City Torrance State CA Zip Code 90504-4624  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Principal Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 321.87

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-207**  
Amount of Each Receipt this Period 21.61

**C. Kaissar Saade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18522 Roslin Ave  
City Torrance State CA Zip Code 90504-4624  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Principal Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 321.87

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-217**  
Amount of Each Receipt this Period 21.61

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

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

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

FOR LINE NUMBER: PAGE 61 OF 73  
(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. Eric A. Sato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 W Prairie Walk Ln  
 City Round Lake State IL Zip Code 60073-4255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-6**  
 Amount of Each Receipt this Period 25.00

**B. Eric A. Sato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 W Prairie Walk Ln  
 City Round Lake State IL Zip Code 60073-4255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-17**  
 Amount of Each Receipt this Period 25.00

**c. David P. Scharf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 931 Oak St  
 City Winnetka State IL Zip Code 60093-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation CVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1873.70

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-7**  
 Amount of Each Receipt this Period 125.58

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.58  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 73  
(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. 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 ▼  
 1873.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-6**  
 Amount of Each Receipt this Period  
 125.58

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Allen Sexton**  
 Mailing Address 19 Cochran View Dr  
 City State Zip Code  
 Marion NC 28752-6014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Supv II, Manufacturing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-182**  
 Amount of Each Receipt this Period  
 14.62

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Allen Sexton**  
 Mailing Address 19 Cochran View Dr  
 City State Zip Code  
 Marion NC 28752-6014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Supv II, Manufacturing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 213.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-185**  
 Amount of Each Receipt this Period  
 13.16

**SUBTOTAL** of Receipts This Page (optional)..... ► 153.36  
**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: (check only one)	PAGE 63 OF 73
	<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. Lori E. Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Dr

City Glastonbury State CT Zip Code 06033-1020

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.55**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-53**

Amount of Each Receipt this Period  
**26.63**

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

Mailing Address 66 Cooper Dr

City Glastonbury State CT Zip Code 06033-1020

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.55**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-64**

Amount of Each Receipt this Period  
**26.63**

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

Mailing Address 1014 Oakwood Ave

City Wilmette State IL Zip Code 60091-3322

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-30**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **73.26**

**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 64 OF 73
	(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

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

Mailing Address 1014 Oakwood Ave

City Wilmette State IL Zip Code 60091-3322

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : 2014081415453-34**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 869 Deep Woods Dr

City Marion State NC Zip Code 28752-8252

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014

**Transaction ID : 2014081415424-11**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 869 Deep Woods Dr

City Marion State NC Zip Code 28752-8252

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : 2014081415453-10**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Deborah G. Spak</b>		Date of Receipt
Mailing Address 1555 Stratford Rd		<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Deerfield	IL	60015-2147
FEC ID number of contributing federal political committee.		<b>Transaction ID : 2014081415424-164</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="18.27"/>
Name of Employer	Occupation	
Baxter International Inc.	Dir, Global Communications	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="267.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Deborah G. Spak</b>		Date of Receipt
Mailing Address 1555 Stratford Rd		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Deerfield	IL	60015-2147
FEC ID number of contributing federal political committee.		<b>Transaction ID : 2014081415453-175</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="18.27"/>
Name of Employer	Occupation	
Baxter International Inc.	Dir, Global Communications	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="267.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Heidi M. Valle</b>		Date of Receipt
Mailing Address 300 Cole Ct		<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mankato	MN	56001-6428
FEC ID number of contributing federal political committee.		<b>Transaction ID : 2014081415424-178</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="14.81"/>
Name of Employer	Occupation	
BioLife Plasma L.L.C.	Plasma Center Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.47"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="51.35"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 66 OF 73  
(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. Heidi M. Valle**  
 Mailing Address 300 Cole Ct  
 City State Zip Code  
 Mankato MN 56001-6428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BioLife Plasma L.L.C. Plasma Center Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-173**  
 Amount of Each Receipt this Period  
 14.81

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 ▼  
 1748.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-175**  
 Amount of Each Receipt this Period  
 117.28

Full Name (Last, First, Middle Initial)  
**C. Onelia Ann Vera**  
 Mailing Address 619 Oleander Dr  
 City State Zip Code  
 Hallandale Beach FL 33009-6531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Assoc General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1748.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-168**  
 Amount of Each Receipt this Period  
 117.28

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.37  
**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 67 OF 73  
(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. Trudy G. Vlahos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Lakewood Ln  
 City Marquette State MI Zip Code 49855-9518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-145**  
 Amount of Each Receipt this Period 25.00

**B. Trudy G. Vlahos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 Lakewood Ln  
 City Marquette State MI Zip Code 49855-9518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : 2014081415453-143**  
 Amount of Each Receipt this Period 25.00

**C. Christopher P. Vlautin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2343 Beckett Dr  
 City El Dorado Hills State CA Zip Code 95762-5213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr II, State Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 04 / 2014  
**Transaction ID : 2014081415424-42**  
 Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 73
	<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. Christopher P. Vlautin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2343 Beckett Dr  
 City El Dorado Hills State CA Zip Code 95762-5213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr II, State Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-41**  
 Amount of Each Receipt this Period  
 20.00

**B. Eric C. Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1082 Lee Road 368  
 City Valley State AL Zip Code 36854-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-216**  
 Amount of Each Receipt this Period  
 20.00

**C. Eric C. Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1082 Lee Road 368  
 City Valley State AL Zip Code 36854-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-209**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 73
	<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. Ronald Kent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-204**

Amount of Each Receipt this Period  
**20.00**

**B. Ronald Kent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-213**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-36**

Amount of Each Receipt this Period  
**25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 73
	(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

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014081415453-33**

Amount of Each Receipt this Period **25.00**

**B. Erica A. Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 W Kinzie St Apt 3904

City Chicago State IL Zip Code 60654-5868

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Mkt Strategy & Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 04 / 2014**

**Transaction ID : 2014081415424-168**

Amount of Each Receipt this Period **25.00**

**C. Erica A. Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 W Kinzie St Apt 3904

City Chicago State IL Zip Code 60654-5868

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Mkt Strategy & Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 18 / 2014**

**Transaction ID : 2014081415453-158**

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 73
	<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. Subramaniam Yogendran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Baxter Pkwy  
Df 4-2E

City Deerfield State IL Zip Code 60015-4625

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **859.71**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-13**

Amount of Each Receipt this Period  
**57.97**

**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, Ops - MP US/Canada Area

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **859.71**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : 2014081415453-13**

Amount of Each Receipt this Period  
**57.97**

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

Mailing Address 436 Linden St

City Winnetka State IL Zip Code 60093-2514

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 04 / 2014**

**Transaction ID : 2014081415424-3**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **140.94**

**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 72 OF 73  
(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. Todd S. Young**

Mailing Address 436 Linden St

City State Zip Code  
 Winnetka IL 60093-2514

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 ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-4**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 41 Berkshire Ln

City State Zip Code  
 Lincolnshire IL 60069-3303

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : 2014081415424-213**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 41 Berkshire Ln

City State Zip Code  
 Lincolnshire IL 60069-3303

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : 2014081415453-205**

Amount of Each Receipt this Period  
 25.00

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

**TOTAL** This Period (last page this line number only)..... ▶ 7930.11

**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**

Full Name (Last, First, Middle Initial)

**A. Robin Kelly for Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
2014 General

011

Candidate Name  
**Robin L. Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

Transaction ID : 74045CB3372A3B51E23

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00