

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Corporation 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="2015"/>	<input type="text" value="56284.59"/>	<input type="text" value="56284.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25160.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9980.71"/>	<input type="text" value="71356.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="35140.96"/>	<input type="text" value="127640.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21856.38"/>	<input type="text" value="114356.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13284.58"/>	<input type="text" value="13284.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Corporation 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).....	7257.51	36609.64
(ii) Unitemized	2723.20	34746.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9980.71	71356.37
(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)	9980.71	71356.37
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))..... ▶	9980.71	71356.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9980.71	71356.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	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.....	8856.38	8856.38
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	92500.00
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	13000.00	13000.00
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)) ..	21856.38	114356.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21856.38	114356.38

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)	9980.71	71356.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9980.71	71356.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 71
	<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 Corporation Political Action Committee

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

Mailing Address 5343 N Lakewood Ave

City Chicago State IL Zip Code 60640-2208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-69

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5343 N Lakewood Ave

City Chicago State IL Zip Code 60640-2208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-164

Amount of Each Receipt this Period
 100.00

C. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-53

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00

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 7 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 **260.00**

Date of Receipt **06 / 19 / 2015**
Transaction ID : 20150630145247-148
 Amount of Each Receipt this Period **200.00**

B. Edwin A Betancourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Oakmont Ct
 City Weston State FL Zip Code 33332-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Export Corporation Occupation VP, Ops - MP LA Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **720.35**

Date of Receipt **06 / 05 / 2015**
Transaction ID : 20150630145321-214
 Amount of Each Receipt this Period **55.97**

C. Edwin A Betancourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Oakmont Ct
 City Weston State FL Zip Code 33332-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Export Corporation Occupation VP, Ops - MP LA Area
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **720.35**

Date of Receipt **06 / 19 / 2015**
Transaction ID : 20150630145247-253
 Amount of Each Receipt this Period **55.97**

SUBTOTAL of Receipts This Page (optional)..... **131.94**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Simon Bhasin		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-81
Mailing Address 5172 Ohio St		Amount of Each Receipt this Period 25.00
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, Program Management		Aggregate Year-to-Date ▼ 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Simon Bhasin		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-118
Mailing Address 5172 Ohio St		Amount of Each Receipt this Period 25.00
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, Program Management		Aggregate Year-to-Date ▼ 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paulo Bolgar		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-250
Mailing Address PO Box 747 BAXTER EXPAT ADMIN		Amount of Each Receipt this Period 25.00
City Deerfield	State IL	Zip Code 60015-0747
FEC ID number of contributing federal political committee. C	Name of Employer Baxter World Trade Corporation	
Occupation Away on Assignment		Aggregate Year-to-Date ▼ 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 9 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO Box 747
BAXTER EXPAT ADMIN

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
MM / DD / YYYY
06 / 19 / 2015

Transaction ID : 20150630145247-72

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 ▼ **325.00**

Date of Receipt
MM / DD / YYYY
06 / 05 / 2015

Transaction ID : 20150630145321-146

Amount of Each Receipt this Period
25.00

C. 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 ▼ **325.00**

Date of Receipt
MM / DD / YYYY
06 / 19 / 2015

Transaction ID : 20150630145247-28

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregg Boyer		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-117
Mailing Address 242 W Waltann Ln		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85023-3666
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation AVP, Sales - National Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Gregg Boyer		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-270
Mailing Address 242 W Waltann Ln		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85023-3666
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation AVP, Sales - National Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Jan M Brase		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-211
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 ▼ 260.00	

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 11 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jan M Brase
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Manitoba Woods Ln
 City Spencerport State NY Zip Code 14559-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-106
 Amount of Each Receipt this Period
 20.00

B. Susan K Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Deerfield Rd Apt 307
 City Deerfield State IL Zip Code 60015-3237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biolife Plasma LLC Occupation VP II, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 915.49

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-260
 Amount of Each Receipt this Period
 80.29

C. Susan K Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Deerfield Rd Apt 307
 City Deerfield State IL Zip Code 60015-3237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biolife Plasma LLC Occupation VP II, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 915.49

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-265
 Amount of Each Receipt this Period
 80.29

SUBTOTAL of Receipts This Page (optional).....▶	180.58
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: (check only one)	PAGE 12 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sebastian J Bufalino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1091 Pine Meadow Ct
 City State Zip Code
 Vernon Hills IL 60061-2572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter International Inc. CVP, Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 929.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-42
 Amount of Each Receipt this Period
 72.12

B. Sebastian J Bufalino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1091 Pine Meadow Ct
 City State Zip Code
 Vernon Hills IL 60061-2572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter International Inc. CVP, Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 929.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-140
 Amount of Each Receipt this Period
 72.12

C. Dori Capretti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2420 Sidney St
 City State Zip Code
 Pittsburgh PA 15203-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxalta US Inc. Payor Account Exec, Bio
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-195
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 2420 Sidney St

City Pittsburgh State PA Zip Code 15203-2117

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

Name of Employer Baxalta US Inc. Occupation Payor Account Exec, Bio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : 20150630145247-244

Amount of Each Receipt this Period
50.00

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

Mailing Address 1721 Dewes St

City Glenview State IL Zip Code 60025-4301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : 20150630145321-166

Amount of Each Receipt this Period
25.00

C. Lauren Marie Cassidy
Full Name (Last, First, Middle Initial)

Mailing Address 1721 Dewes St

City Glenview State IL Zip Code 60025-4301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : 20150630145247-44

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ronald D Chase		Date of Receipt
Mailing Address 1090 Medford Rd		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Pasadena State CA Zip Code 91107-1701		Transaction ID : 20150630145321-57
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxalta US Inc. Occupation VP, IT - BioScience		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. Ronald D Chase		Date of Receipt
Mailing Address 1090 Medford Rd		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Pasadena State CA Zip Code 91107-1701		Transaction ID : 20150630145247-153
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxalta US Inc. Occupation VP, IT - BioScience		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) C. Harriet Clemons		Date of Receipt
Mailing Address 1255 Town Center Rd Unit 3Q		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Vernon Hills State IL Zip Code 60061-4194		Transaction ID : 20150630145321-193
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1255 Town Center Rd
Unit 3Q

City State Zip Code
Vernon Hills IL 60061-4194

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

Name of Employer Occupation
Baxter Healthcare Corporation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-240

Amount of Each Receipt this Period
50.00

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

Mailing Address 1006 S St NW

City State Zip Code
Washington DC 20001-5073

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
617.59

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-175

Amount of Each Receipt this Period
48.07

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

Mailing Address 1006 S St NW

City State Zip Code
Washington DC 20001-5073

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
617.59

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-46

Amount of Each Receipt this Period
48.07

SUBTOTAL of Receipts This Page (optional).....▶	146.14
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 71
	<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 Corporation Political Action Committee

A. Sarah L Creviston
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Wynstone Way
 City North Barrington State IL Zip Code 60010-6950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1562.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-44
 Amount of Each Receipt this Period
 121.21

B. Sarah L Creviston
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Wynstone Way
 City North Barrington State IL Zip Code 60010-6950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1562.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-143
 Amount of Each Receipt this Period
 121.21

C. Margarita Cruz-casse
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Calle Violeta
 City San Juan State PR Zip Code 00927-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Occupation Dir, Logistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 762.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-16
 Amount of Each Receipt this Period
 59.09

SUBTOTAL of Receipts This Page (optional).....▶	301.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Margarita Cruz-casse
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 Calle Violeta
 City San Juan State PR Zip Code 00927-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Occupation Dir, Logistics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **762.41**

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-272
 Amount of Each Receipt this Period
59.09

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

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-272
 Amount of Each Receipt this Period
20.00

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

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-99
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	99.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2330 W Course Dr

City Riverwoods	State IL	Zip Code 60015-1768
--------------------	-------------	------------------------

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

Name of Employer Baxalta US Inc.	Occupation Head of Bus Development/PPP
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.19**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150630145321-112

Amount of Each Receipt this Period

51.92

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 Baxalta US Inc.	Occupation Head of Bus Development/PPP
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.19**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150630145247-17

Amount of Each Receipt this Period

51.92

C. Rodney R Dickson
Full Name (Last, First, Middle Initial)

Mailing Address 105 Lakeside Pl

City Highland Park	State IL	Zip Code 60035-5316
-----------------------	-------------	------------------------

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

Name of Employer Baxalta US Inc.	Occupation Dir, Reimbursement Initiatives
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150630145321-61

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....	153.84
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 19 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rodney R Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Lakeside Pl
 City Highland Park State IL Zip Code 60035-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation Dir, Reimbursement Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 19 / 2015
Transaction ID : 20150630145247-154
 Amount of Each Receipt this Period 50.00

B. Michael J Durgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5213 S Jordan Ln
 City Spokane State WA Zip Code 99224-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 05 / 2015
Transaction ID : 20150630145321-34
 Amount of Each Receipt this Period 20.00

C. Michael J Durgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5213 S Jordan Ln
 City Spokane State WA Zip Code 99224-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 19 / 2015
Transaction ID : 20150630145247-123
 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 20 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kathryn T Edinger		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-168
Mailing Address 1122 N Clark St Apt 3810		Amount of Each Receipt this Period 66.92
City Chicago	State IL	Zip Code 60610-2898
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation National Sales Director, ICNet	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.54	

Full Name (Last, First, Middle Initial) B. Peter Etienne		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-23
Mailing Address 189 Lions Ct		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Peter Etienne		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-105
Mailing Address 189 Lions Ct		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	66.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alex Blaine Forshage		Date of Receipt
Mailing Address 310 Hirst Ct		M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015
City	State	Zip Code
Lake Bluff	IL	60044-2755
FEC ID number of contributing federal political committee.	Transaction ID : 20150630145321-142	
	Amount of Each Receipt this Period	
	650.00	
Name of Employer	Occupation	
Baxalta US Inc.	VP, Sls & Mkt - US BioT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	650.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alex Blaine Forshage		Date of Receipt
Mailing Address 310 Hirst Ct		M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2015
City	State	Zip Code
Lake Bluff	IL	60044-2755
FEC ID number of contributing federal political committee.	Transaction ID : 20150630145247-214	
	Amount of Each Receipt this Period	
	650.00	
Name of Employer	Occupation	
Baxalta US Inc.	VP, Sls & Mkt - US BioT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	650.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Valery E Gallagher		Date of Receipt
Mailing Address 14334 Spring Meadow Ct		M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015
City	State	Zip Code
Libertyville	IL	60048-2490
FEC ID number of contributing federal political committee.	Transaction ID : 20150630145321-95	
	Amount of Each Receipt this Period	
	1149.78	
Name of Employer	Occupation	
Baxter Healthcare Corporation	Dir, State Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	92.80	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	192.80
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 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14334 Spring Meadow Ct

City	State	Zip Code
Libertyville	IL	60048-2490

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1149.78**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150630145247-10

Amount of Each Receipt this Period

92.80

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

Mailing Address 3005 S Forrester St

City	State	Zip Code
Bloomington	IN	47401-4494

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150630145321-210

Amount of Each Receipt this Period

20.00

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

Mailing Address 3005 S Forrester St

City	State	Zip Code
Bloomington	IN	47401-4494

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Dir, Business HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150630145247-249

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	132.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3775 Riverly Trce

City Marietta	State GA	Zip Code 30067-4241
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **820.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150630145321-83

Amount of Each Receipt this Period

63.67

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

Mailing Address 3775 Riverly Trce

City Marietta	State GA	Zip Code 30067-4241
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **820.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150630145247-175

Amount of Each Receipt this Period

63.67

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

Mailing Address 648 Cameron Dr

City Antioch	State IL	Zip Code 60002-1185
-----------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Director, Therapeutic Area, SS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150630145321-172

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....	157.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph P Gomes		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-231
Mailing Address 648 Cameron Dr		Amount of Each Receipt this Period 30.00
City Antioch	State IL	
Zip Code 60002-1185		Aggregate Year-to-Date ▼ 390.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Director, Therapeutic Area, SS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. William J Gresham		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-51
Mailing Address 909 Clinton Pl		Amount of Each Receipt this Period 25.00
City River Forest	State IL	
Zip Code 60305-1503		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxalta Incorporated	Occupation Dir, Ethics & Compliance/EHS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. William J Gresham		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-149
Mailing Address 909 Clinton Pl		Amount of Each Receipt this Period 25.00
City River Forest	State IL	
Zip Code 60305-1503		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxalta Incorporated	Occupation Dir, Ethics & Compliance/EHS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Loyd Kenneth Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Fairport Dr
 City Grayslake State IL Zip Code 60030-7947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation Dir, Payer & Channel Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-259
 Amount of Each Receipt this Period
 50.00

B. Loyd Kenneth Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Fairport Dr
 City Grayslake State IL Zip Code 60030-7947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation Dir, Payer & Channel Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-78
 Amount of Each Receipt this Period
 50.00

C. Aaron J Hebbeln
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Kristin Dr
 City Libertyville State IL Zip Code 60048-1285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation Regional Business Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-202
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 71
	(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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Aaron J Hebbeln		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-52
Mailing Address 1305 Kristin Dr		Amount of Each Receipt this Period 30.00
City Libertyville	State IL	Zip Code 60048-1285
FEC ID number of contributing federal political committee. C		
Name of Employer Baxalta US Inc.	Occupation Regional Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Laurie R Hernandez		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-119
Mailing Address 1340 Crest Rd		Amount of Each Receipt this Period 61.54
City Libertyville	State IL	Zip Code 60048-1515
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.62	

Full Name (Last, First, Middle Initial) C. Laurie R Hernandez		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-20
Mailing Address 1340 Crest Rd		Amount of Each Receipt this Period 61.54
City Libertyville	State IL	Zip Code 60048-1515
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Strategy & Integration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.62	

SUBTOTAL of Receipts This Page (optional).....▶	153.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 71
	<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 Corporation Political Action Committee

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

Mailing Address 401 Farrington Dr

City Lincolnshire State IL Zip Code 60069-2505

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

Name of Employer Baxalta Incorporated Occupation CVP, Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : 20150630145321-187

Amount of Each Receipt this Period
50.00

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

Mailing Address 401 Farrington Dr

City Lincolnshire State IL Zip Code 60069-2505

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

Name of Employer Baxalta Incorporated Occupation CVP, Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : 20150630145247-237

Amount of Each Receipt this Period
50.00

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

Mailing Address 5028 Belmont Ave S

City Minneapolis State MN Zip Code 55419-1312

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

Name of Employer Baxalta US Inc. Occupation Sr. Mgr, Patient Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : 20150630145321-200

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **135.00**

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 28 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Corporation Political Action Committee

A. Kim Isenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Belmont Ave S
 City Minneapolis State MN Zip Code 55419-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Baxalta US Inc. Occupation: Sr. Mgr, Patient Advocacy
 Receipt For: Primary General Other (specify)

Date of Receipt: 06 / 19 / 2015
Transaction ID : 20150630145247-53
 Amount of Each Receipt this Period: 35.00
 Aggregate Year-to-Date: 455.00

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

Date of Receipt: 06 / 05 / 2015
Transaction ID : 20150630145321-29
 Amount of Each Receipt this Period: 94.61
 Aggregate Year-to-Date: 1219.37

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

Date of Receipt: 06 / 19 / 2015
Transaction ID : 20150630145247-119
 Amount of Each Receipt this Period: 94.61
 Aggregate Year-to-Date: 1219.37

SUBTOTAL of Receipts This Page (optional).....	224.22
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 29 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael T Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 W Lincoln Ave
 City State Zip Code
 Libertyville IL 60048-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Dir, Strategy & Integration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 572.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-46
 Amount of Each Receipt this Period
 44.51

B. Michael T Jennings
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 W Lincoln Ave
 City State Zip Code
 Libertyville IL 60048-2721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Dir, Strategy & Integration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 572.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-146
 Amount of Each Receipt this Period
 44.51

C. Kurt Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2322 Central Park Ave
 City State Zip Code
 Evanston IL 60201-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxalta US Inc. VP, BD - BioScience
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-67
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.02
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Kurt Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2322 Central Park Ave
 City Evanston State IL Zip Code 60201-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation VP, BD - BioScience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-111
 Amount of Each Receipt this Period
 20.00

B. 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 Healthcare Corporation Occupation VP, Ops - MP US/Canada Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-64
 Amount of Each Receipt this Period
 25.00

C. Robert A Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 31385 W Somerset Cir
 City Libertyville State IL Zip Code 60048-4886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Ops - MP US/Canada Area
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-114
 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 31 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew W Kamai
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 Greystone Dr
 City Gurnee State IL Zip Code 60031-9128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-138
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-207
 Amount of Each Receipt this Period
 25.00

C. Peter J Karas
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 E Hillside Ave
 City Barrington State IL Zip Code 60010-4528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Marketing
 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
 06 / 19 / 2015
Transaction ID : 20150630145247-81
 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 32 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 International Inc. Occupation Sr Dir, Hospital Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : 20150630145321-208

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 International Inc. Occupation Sr Dir, Hospital Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : 20150630145247-55

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 Baxalta Worldwide LLC Occupation Away on Assignment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **889.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : 20150630145321-50

Amount of Each Receipt this Period
69.33

SUBTOTAL of Receipts This Page (optional)..... **119.33**

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 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 Baxalta Worldwide LLC Occupation Away on Assignment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **889.17**

Date of Receipt
06 / 19 / 2015
Transaction ID : **20150630145247-144**

Amount of Each Receipt this Period
69.33

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

Mailing Address 1240 S Walnut Ave

City Arlington Heights State IL Zip Code 60005-3056

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

Name of Employer Baxalta US Inc. Occupation VP, Bus Analytics - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
06 / 05 / 2015
Transaction ID : **20150630145321-97**

Amount of Each Receipt this Period
50.00

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

Mailing Address 1240 S Walnut Ave

City Arlington Heights State IL Zip Code 60005-3056

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

Name of Employer Baxalta US Inc. Occupation VP, Bus Analytics - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
06 / 19 / 2015
Transaction ID : **20150630145247-16**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	169.33
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 VP, Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-134
 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 VP, Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-206
 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 LLC Occupation Regional Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-103
 Amount of Each Receipt this Period
 29.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.56
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 LLC Occupation Regional Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-120

Amount of Each Receipt this Period
29.56

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

Mailing Address 1175 Museum Blvd Unit 210

City Vernon Hills State IL Zip Code 60061-3156

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1049.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-43

Amount of Each Receipt this Period
82.69

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

Mailing Address 1175 Museum Blvd Unit 210

City Vernon Hills State IL Zip Code 60061-3156

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1049.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-138

Amount of Each Receipt this Period
82.69

SUBTOTAL of Receipts This Page (optional)..... ▶ **194.94**

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 36 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mary F Lemke
 Mailing Address 3121 Renaissance Way NE
 City State Zip Code
 Atlanta GA 30308-2463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation National Sales Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-97
 Amount of Each Receipt this Period
 16.71

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
 Baxalta US Inc. Region Head, NA - Hemo
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-141
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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
 Baxalta US Inc. Region Head, NA - Hemo
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-210
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.71
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 ▼ **585.00**

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-162

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **585.00**

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-223

Amount of Each Receipt this Period
45.00

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 Baxalta US Inc. Occupation VP, HEOR & Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-270

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ► **115.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 71
	<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 Corporation Political Action Committee

A. Josephine M Li-McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 758 Cranmont Ct
 City State Zip Code
 Simi Valley CA 93065-7075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxalta US Inc. VP, HEOR & Pricing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-274
 Amount of Each Receipt this Period
 25.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-157
 Amount of Each Receipt this Period
 25.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-221
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF 71 (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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Ronald K Lloyd	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015 Transaction ID : 20150630145321-68
Mailing Address 2 W Delaware Pl Unit 2603	Amount of Each Receipt this Period 50.00
City Chicago State IL Zip Code 60610-3416	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00
Name of Employer: Baxalta Incorporated Occupation: President, Immunology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ronald K Lloyd	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2015 Transaction ID : 20150630145247-166
Mailing Address 2 W Delaware Pl Unit 2603	Amount of Each Receipt this Period 50.00
City Chicago State IL Zip Code 60610-3416	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 650.00
Name of Employer: Baxalta Incorporated Occupation: President, Immunology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Scott P Luce	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015 Transaction ID : 20150630145321-154
Mailing Address 1311 Kristin Dr	Amount of Each Receipt this Period 20.00
City Libertyville State IL Zip Code 60048-1285	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00
Name of Employer: Baxter Healthcare Corporation Occupation: GM, US Hospital Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	120.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1311 Kristin Dr

City State Zip Code
Libertyville IL 60048-1285

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

Name of Employer Occupation
Baxter Healthcare Corporation GM, US Hospital Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-219

Amount of Each Receipt this Period
20.00

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

Mailing Address 6625 Barnaby St NW

City State Zip Code
Washington DC 20015-2331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-148

Amount of Each Receipt this Period
35.00

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

Mailing Address 6625 Barnaby St NW

City State Zip Code
Washington DC 20015-2331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-35

Amount of Each Receipt this Period
35.00

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 41 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael E Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 10680 Red Leaf Cir
 City Village Of Lakewoo State IL Zip Code 60014-4852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, MPO Program Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-21
 Amount of Each Receipt this Period
 22.84

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 ▼ 294.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-112
 Amount of Each Receipt this Period
 22.84

C. Jeanne K Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Duffy Ln
 City Bannockburn State IL Zip Code 60015-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation CVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2686.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-94
 Amount of Each Receipt this Period
 208.46

SUBTOTAL of Receipts This Page (optional).....▶	254.14
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeanne K Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Duffy Ln
 City Bannockburn State IL Zip Code 60015-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation CVP, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2686.90**

Date of Receipt **06 / 19 / 2015**
Transaction ID : 20150630145247-184
 Amount of Each Receipt this Period **208.46**

B. 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 Baxalta Incorporated Occupation VP, Corporate Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 05 / 2015**
Transaction ID : 20150630145321-113
 Amount of Each Receipt this Period **20.00**

c. John A McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Surrey Ln
 City Lake Forest State IL Zip Code 60045-3472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta Incorporated Occupation VP, Corporate Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 19 / 2015**
Transaction ID : 20150630145247-198
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional).....	248.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6320 Longwood Rd

City State Zip Code
Libertyville IL 60048-9447

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

Name of Employer Occupation
Biolife Plasma LLC Sr Dir, Reg Affairs & Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-266

Amount of Each Receipt this Period
27.00

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

Mailing Address 6320 Longwood Rd

City State Zip Code
Libertyville IL 60048-9447

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

Name of Employer Occupation
Biolife Plasma LLC Sr Dir, Reg Affairs & Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-266

Amount of Each Receipt this Period
27.00

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

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-135

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00

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 44 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dana Mendenhall		Date of Receipt
Mailing Address 106 S Sangamon St Apt 2S		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60607-2757
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150630145247-26
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation Dir, Marketing		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. Chris C. Miskel		Date of Receipt
Mailing Address 1950 Lake Charles Dr		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Vernon Hills	State IL	Zip Code 60061-4578
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150630145321-219
Name of Employer Baxalta US Inc.		Amount of Each Receipt this Period
Occupation VP, Plasma Strategy & New Prod		<input type="text" value="54.39"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="700.05"/>	

Full Name (Last, First, Middle Initial) C. Chris C. Miskel		Date of Receipt
Mailing Address 1950 Lake Charles Dr		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Vernon Hills	State IL	Zip Code 60061-4578
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150630145247-61
Name of Employer Baxalta US Inc.		Amount of Each Receipt this Period
Occupation VP, Plasma Strategy & New Prod		<input type="text" value="54.39"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="700.05"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="133.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark R Nail		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-91
Mailing Address 8217 Monterra Ranch Dr Apt 1203		Amount of Each Receipt this Period 25.00
City Fort Worth	State TX	
Zip Code 76177-8529		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Renal Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mark R Nail		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-14
Mailing Address 8217 Monterra Ranch Dr Apt 1203		Amount of Each Receipt this Period 25.00
City Fort Worth	State TX	
Zip Code 76177-8529		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Renal Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Peter J O'Malley		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-9
Mailing Address 791 Summit Ave		Amount of Each Receipt this Period 45.00
City Lake Forest	State IL	
Zip Code 60045-1830		Aggregate Year-to-Date ▼ 585.00
FEC ID number of contributing federal political committee. C		
Name of Employer Baxalta US Inc.	Occupation VP, US Patient Advocacy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 46 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 791 Summit Ave

City Lake Forest State IL Zip Code 60045-1830

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

Name of Employer Baxalta US Inc. Occupation VP, US Patient Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-91

Amount of Each Receipt this Period
45.00

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

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622-1123

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

Name of Employer Baxalta US Inc. Occupation Assoc GC - IP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
06 / 05 / 2015
Transaction ID : 20150630145321-110

Amount of Each Receipt this Period
20.00

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

Mailing Address 1750 W Cortland St

City Chicago State IL Zip Code 60622-1123

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

Name of Employer Baxalta US Inc. Occupation Assoc GC - IP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
06 / 19 / 2015
Transaction ID : 20150630145247-271

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-66
 Amount of Each Receipt this Period
 0.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-170
 Amount of Each Receipt this Period
 0.00

C. Jed M Pery
 Full Name (Last, First, Middle Initial)
 Mailing Address 9078 Brook Ford Rd
 City Burke State VA Zip Code 22015-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation Head US Patient Innov. Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-137
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 71
	<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 Corporation 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
Baxalta US Inc. Head US Patient Innov. Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : 20150630145247-215

Amount of Each Receipt this Period
30.00

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

Mailing Address 3933 Kenway Ave

City State Zip Code
View Park CA 90008-4805

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

Name of Employer Occupation
Baxalta US Inc. Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.56

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : 20150630145321-56

Amount of Each Receipt this Period
72.12

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

Mailing Address 3933 Kenway Ave

City State Zip Code
View Park CA 90008-4805

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

Name of Employer Occupation
Baxalta US Inc. Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.56

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : 20150630145247-8

Amount of Each Receipt this Period
72.12

SUBTOTAL of Receipts This Page (optional).....▶	174.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : 20150630145321-167

Amount of Each Receipt this Period
 20.00

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : 20150630145247-43

Amount of Each Receipt this Period
 20.00

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

Mailing Address 3223 Epstein Cir

City Mundelein State IL Zip Code 60060-6049

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

Name of Employer Biolife Plasma LLC Occupation Sr Mgr, Reg Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : 20150630145321-143

Amount of Each Receipt this Period
 25.11

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Mailing Address 3223 Epstein Cir

City Mundelein	State IL	Zip Code 60060-6049
-------------------	-------------	------------------------

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

Name of Employer Biolife Plasma LLC	Occupation Sr Mgr, Reg Affairs
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.05**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : 20150630145247-116

Amount of Each Receipt this Period
25.11

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

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 Baxalta US Inc.	Occupation Sr Dir, Strategic Reimb & Acc
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : 20150630145321-63

Amount of Each Receipt this Period
40.00

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

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 Baxalta US Inc.	Occupation Sr Dir, Strategic Reimb & Acc
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : 20150630145247-157

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....	105.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey G Reading		Date of Receipt
Mailing Address 7121 NE 121st St		M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015
City	State	Zip Code
Edmond	OK	73013-0493
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Biolife Plasma LLC	Dir, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	260.00	
		Amount of Each Receipt this Period
		20.00
Transaction ID : 20150630145321-45		

Full Name (Last, First, Middle Initial) B. Jeffrey G Reading		Date of Receipt
Mailing Address 7121 NE 121st St		M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2015
City	State	Zip Code
Edmond	OK	73013-0493
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Biolife Plasma LLC	Dir, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	260.00	
		Amount of Each Receipt this Period
		20.00
Transaction ID : 20150630145247-142		

Full Name (Last, First, Middle Initial) C. Crystal A Riley		Date of Receipt
Mailing Address 10210 Angora Dr		M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015
City	State	Zip Code
Cheltenham	MD	20623-1068
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Baxter Healthcare Corporation	Manager, Healthcare Policy	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	325.00	
		Amount of Each Receipt this Period
		25.00
Transaction ID : 20150630145321-233		

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 52 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Crystal A Riley
Full Name (Last, First, Middle Initial)
Mailing Address 10210 Angora Dr
City Cheltenham State MD Zip Code 20623-1068
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2015
Transaction ID : 20150630145247-66
Amount of Each Receipt this Period 25.00

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 Baxalta US Inc. Occupation Dir, Envir Health & Safety
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 484.63

Date of Receipt 06 / 05 / 2015
Transaction ID : 20150630145321-79
Amount of Each Receipt this Period 37.57

C. 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 Baxalta US Inc. Occupation Dir, Envir Health & Safety
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 484.63

Date of Receipt 06 / 19 / 2015
Transaction ID : 20150630145247-139
Amount of Each Receipt this Period 37.57

SUBTOTAL of Receipts This Page (optional).....▶ 100.14
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Roibin Ryan		Date of Receipt
Mailing Address 1419 W Berteau Ave		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60613-1914
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20150630145321-232
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxalta Incorporated	Deputy Gen Counsel, Lit & Empl	<input type="text" value="108.62"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1412.06"/>	

Full Name (Last, First, Middle Initial) B. Roibin Ryan		Date of Receipt
Mailing Address 1419 W Berteau Ave		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60613-1914
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20150630145247-64
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxalta Incorporated	Deputy Gen Counsel, Lit & Empl	<input type="text" value="108.62"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1412.06"/>	

Full Name (Last, First, Middle Initial) C. Eric A Sato		Date of Receipt
Mailing Address 381 W Prairie Walk Ln		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Round Lake	IL	60073-4255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20150630145321-144
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	Sr Dir Mktg, Hospital Services	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="242.24"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Eric A Sato
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 W Prairie Walk Ln
 City Round Lake State IL Zip Code 60073-4255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 19 / 2015**
Transaction ID : 20150630145247-32
 Amount of Each Receipt this Period **25.00**

B. David P Scharf
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 Oak St
 City Winnetka State IL Zip Code 60093-2440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation CVP, General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1661.97**

Date of Receipt **06 / 05 / 2015**
Transaction ID : 20150630145321-89
 Amount of Each Receipt this Period **128.85**

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 **1661.97**

Date of Receipt **06 / 19 / 2015**
Transaction ID : 20150630145247-11
 Amount of Each Receipt this Period **128.85**

SUBTOTAL of Receipts This Page (optional).....	282.70
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 55 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 ▼ 356.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-106
 Amount of Each Receipt this Period
 28.85

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 ▼ 356.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-193
 Amount of Each Receipt this Period
 28.85

C. Catherine Ann Skala
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 Oakwood Ave
 City Wilmette State IL Zip Code 60091-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-171
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.70
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Catherine Ann Skala
 Mailing Address 1014 Oakwood Ave
 City State Zip Code
 Wilmette IL 60091-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Integration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-226
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Beverly B Smith
 Mailing Address 869 Deep Woods Dr
 City State Zip Code
 Marion NC 28752-8252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Manufacturing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-38
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Beverly B Smith
 Mailing Address 869 Deep Woods Dr
 City State Zip Code
 Marion NC 28752-8252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Manufacturing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-131
 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 57 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1555 Stratford Rd

City State Zip Code
Deerfield IL 60015-2147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.87

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : 20150630145321-32

Amount of Each Receipt this Period
18.75

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

Mailing Address 1555 Stratford Rd

City State Zip Code
Deerfield IL 60015-2147

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.87

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : 20150630145247-121

Amount of Each Receipt this Period
18.75

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

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
Baxalta US Inc. Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1540.18

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : 20150630145321-136

Amount of Each Receipt this Period
119.50

SUBTOTAL of Receipts This Page (optional).....▶	157.00
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 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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 Corporation Political Action Committee

A. Onelia Ann Vera
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 Oleander Dr
 City Hallandale Beach State FL Zip Code 33009-6531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxalta US Inc. Occupation Assoc General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1540.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-213
 Amount of Each Receipt this Period
 119.50

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 LLC Occupation Regional Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-49
 Amount of Each Receipt this Period
 25.00

C. Trudy G Vlahos
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Lakewood Ln
 City Marquette State MI Zip Code 49855-9518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biolife Plasma LLC Occupation Regional Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-7
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	169.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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 Baxalta US Inc. Occupation Mgr II, State Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-170
 Amount of Each Receipt this Period
 20.00

B. 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 Baxalta US Inc. Occupation Mgr II, State Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 19 / 2015
Transaction ID : 20150630145247-225
 Amount of Each Receipt this Period
 20.00

C. Eric C Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1082 Lee Road 368
 City Valley State AL Zip Code 36854-6532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 05 / 2015
Transaction ID : 20150630145321-15
 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 60 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eric C Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1082 Lee Road 368
 City Valley State AL Zip Code 36854-6532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-101
 Amount of Each Receipt this Period
20.00

B. John Alan Weiler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3686 Blankenship Dr
 City Morganton State NC Zip Code 28655-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Plant Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 20150630145321-228
 Amount of Each Receipt this Period
20.00

C. John Alan Weiler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3686 Blankenship Dr
 City Morganton State NC Zip Code 28655-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Plant Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 20150630145247-196
 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 61 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ronald Kent Wilson		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-247
Mailing Address 8050 Little Fox Rd		Amount of Each Receipt this Period 20.00
City Amarillo	State TX	Zip Code 79118-1129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Baxter Healthcare Corporation	Occupation Renal Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Ronald Kent Wilson		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : 20150630145247-130
Mailing Address 8050 Little Fox Rd		Amount of Each Receipt this Period 20.00
City Amarillo	State TX	Zip Code 79118-1129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Baxter Healthcare Corporation	Occupation Renal Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Carl Wilt		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : 20150630145321-269
Mailing Address 38465 N Burr Oak Ln		Amount of Each Receipt this Period 25.00
City Wadsworth	State IL	Zip Code 60083-9548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance-Hospital Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 62 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Baxter Healthcare Corporation 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-Hospital Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 19 / 2015**

Transaction ID : 20150630145247-273

Amount of Each Receipt this Period **25.00**

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

Mailing Address 1660 N La Salle Dr Apt 3611

City Chicago State IL Zip Code 60614-6027

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

Name of Employer Baxalta Incorporated Occupation Group Mgr, Cultural Transforma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 05 / 2015**

Transaction ID : 20150630145321-185

Amount of Each Receipt this Period **25.00**

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

Mailing Address 1660 N La Salle Dr Apt 3611

City Chicago State IL Zip Code 60614-6027

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

Name of Employer Baxalta Incorporated Occupation Group Mgr, Cultural Transforma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 19 / 2015**

Transaction ID : 20150630145247-241

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 63 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Todd S Young		Date of Receipt
Mailing Address 436 Linden St		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Winnetka	State IL	Zip Code 60093-2514
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150630145321-246
Name of Employer Baxalta Incorporated		Amount of Each Receipt this Period
Occupation CVP, Treasurer		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="325.00"/>		

Full Name (Last, First, Middle Initial) B. Todd S Young		Date of Receipt
Mailing Address 436 Linden St		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Winnetka	State IL	Zip Code 60093-2514
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150630145247-264
Name of Employer Baxalta Incorporated		Amount of Each Receipt this Period
Occupation CVP, Treasurer		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="325.00"/>		

Full Name (Last, First, Middle Initial) C. Kristie Zinselmeier		Date of Receipt
Mailing Address 41 Berkshire Ln		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Lincolnshire	State IL	Zip Code 60069-3303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20150630145321-10
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, National & Strategic Accts		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="325.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 OF 71
(check only one)

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

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

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : 20150630145247-96

Amount of Each Receipt this Period
25.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	7257.51

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Baxalta US Inc. Political Action Committee

Mailing Address 901 15th Street, NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer To Affiliated Committee

008

Category/
Type

Candidate Name

Baxalta US Inc. Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 2D8D5A6A17114008EFB

Amount of Each Disbursement this Period

8856.38

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

8856.38

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

8856.38

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Gronstal

Mailing Address 220 Bennett Ave

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : E2E4C589E2B32A8869E

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Heddens

Mailing Address 4541 513th Ave

City Ames State IA Zip Code 50014

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 5C131620F289FCF797A

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Concerned Citizens for Miller

Mailing Address 6766 Ridges Court

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : EE832CE4DC89C5D8984

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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 Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Forbes for Iowa House

Mailing Address 12816 Cardinal Lane

City Urbandale State IA Zip Code 50323

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 1737822AD6B2D47EC57

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Steven Hawley

Mailing Address 69 Ellicott Avenue

City Batavia State NY Zip Code 14020

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : AB7AC7EF7CCA8CF5CA3

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. J.D. Sheffield Campaign

Mailing Address 601 Indian Hills Rd.

City Gatesville State TX Zip Code 76528

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 3B9414965111922CEA2

Amount of Each Disbursement this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Segebart for Senate

Mailing Address 1820 350th Street

City Marshalltown State IA Zip Code 51465

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 5619E74DD7418CA29E7

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Smith for House

Mailing Address 816 Roberts Terrace

City Marshalltown State IA Zip Code 50158

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : A3F356A7E20026BFE47

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Myra Crownover for State Representative

Mailing Address P.O. Box 1784

City Lake Dallas State TX Zip Code 75065

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : A51A0A24DEE32C8A33F

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ortt for State Senate

Mailing Address P.O. Box 1279

City North Tonawanda State NY Zip Code 14120

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : CFF233F3229408FA633

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Paulsen for State House Committee

Mailing Address PO Box 250

City Hiawatha State IA Zip Code 52233

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : 487A1D517AA834B9559

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. People for Pam Jochum

Mailing Address 2368 Jackson St

City Dubuque State IA Zip Code 52001

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Transaction ID : 1BF63BD68808A3A820D

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

1	7	5	0	.	0	0
---	---	---	---	---	---	---

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

1	7	5	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ragan for Iowa Senate

Mailing Address 20 Granite Court SE

City State Zip Code
Mason City IA 50401

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : 975C6DD206BE335B992

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Pena Ramond Campaign

Mailing Address PO Box 450349

City State Zip Code
Laredo TX 78045

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : 9EF043E01EA5F8155F1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Texans for Charles Schwertner

Mailing Address PO Box 2448

City State Zip Code
Georgetown TX 78627-2448

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : 4E98DCCDE3A4AECBA04

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Texans for Dan Patrick

Mailing Address PO Box 70073

City Houston State TX Zip Code 77270

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 2C9CE06E2E5233A9721

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Texans for Greg Abbott

Mailing Address P.O. Box 308

City Austin State TX Zip Code 78767

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 62A1311A5DAC1D86577

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Upmeyer for House

Mailing Address 2175 Pine Avenue

City Garner State IA Zip Code 50438

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : C8B2FF345BB6805AB54

Amount of Each Disbursement this Period

500.00

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

3500.00

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

13000.00