

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 01 2009 through 11 30 2009

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

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer Electronically Filed by Sarah Creviston Date 03 09 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		71894.25
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	43348.89									
(c) Total Receipts (from Line 19)	11620.47	142725.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54969.36	214619.36								
7. Total Disbursements (from Line 31)	19000.00	178650.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35969.36	35969.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9762.61	109643.60
(ii) Unitemized	1857.86	33081.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11620.47	142725.11
(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)	11620.47	142725.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11620.47	142725.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11620.47	142725.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	168000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	10650.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19000.00	178650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	178650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	11620.47	142725.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11620.47	142725.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 7 / 78

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joy A. Amundson

Mailing Address 110 W. Onwentsia Road
DF1-2W

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corpora- Cvp, President Bioscience
tion

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	9

Transaction ID: 2009121694221-51

Amount of Each Receipt this Period

123.04

B.

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

Mailing Address 1059 Warrington Road

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	9

Transaction ID: 2009121694221-56

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 1059 Warrington Road

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	9

Transaction ID: 2009121694340-55

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

323.04

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 78
(check only one)

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

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

A.

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

Mailing Address 133 Manchester Drive

City State Zip Code
Waukesha WI 53188

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-60

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 133 Manchester Drive

City State Zip Code
Waukesha WI 53188

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-59

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 162 Cardinal Drive

City State Zip Code
Hawthorn Woods IL 60047

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-98

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 78
(check only one)

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

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

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

Mailing Address 162 Cardinal Drive

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-97

Amount of Each Receipt this Period 25.00

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

Mailing Address 286 Whitworth

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer Baxter Healthcare Corporation Occupation VP li, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1658.82

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-158

Amount of Each Receipt this Period 69.79

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

Mailing Address 286 Whitworth

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer Baxter Healthcare Corporation Occupation VP li, Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1658.82

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-157

Amount of Each Receipt this Period 69.79

SUBTOTAL of Receipts This Page (optional) ► 164.58

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

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

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

FOR LINE NUMBER: PAGE 10 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael J. Baughman
 Mailing Address 5343 N Lakewood Avenue
 City State Zip Code
Chicago IL 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Baxter International Inc. Cvp, Controller
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 2400.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 9
Transaction ID: 2009121694221-167
 Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Michael J. Baughman
 Mailing Address 5343 N Lakewood Avenue
 City State Zip Code
Chicago IL 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Baxter International Inc. Cvp, Controller
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 2400.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 7 / 2 0 0 9
Transaction ID: 2009121694340-166
 Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Edwin A. Betancourt-Morales
 Mailing Address 101 N E 3rd Avenue, Ste 1600
 City State Zip Code
Ft Lauderdale FL 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Baxter Export Corporation VP, Mfg Latin America
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1046.40
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 9
Transaction ID: 2009121694221-187
 Amount of Each Receipt this Period
 43.92

SUBTOTAL of Receipts This Page (optional) ► **243.92**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 78
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Edwin A. Betancourt-Morales		Date of Receipt
	Mailing Address 101 N E 3rd Avenue, Ste 1600		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ft Lauderdale	FL	33301
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter Export Corporation		Occupation VP, Mfg Latin America	Transaction ID: 2009121694340-186
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1046.40"/>	<input type="text" value="43.92"/>

B.	Full Name (Last, First, Middle Initial) William P. Botha		Date of Receipt
	Mailing Address 2225 Robinson Street		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Redondo Beach	CA	90278
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter Healthcare Corporation		Occupation Dir, Manufacturing	Transaction ID: 2009121694221-49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1275.00"/>	<input type="text" value="75.00"/>

C.	Full Name (Last, First, Middle Initial) William P. Botha		Date of Receipt
	Mailing Address 2225 Robinson Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Redondo Beach	CA	90278
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baxter Healthcare Corporation		Occupation Dir, Manufacturing	Transaction ID: 2009121694340-49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1275.00"/>	<input type="text" value="75.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="193.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jan M. Brase

Mailing Address 8899 106th Ave

City Pleasant Prairie State WI Zip Code 53158

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 ▼ 210.00

Date of Receipt 11 / 27 / 2009
Transaction ID: 2009121694340-58
Amount of Each Receipt this Period 10.00

B.

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

Mailing Address 2405 Trailside Lane

City Wauconda State IL Zip Code 60084

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 13 / 2009
Transaction ID: 2009121694221-87
Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 2405 Trailside Lane

City Wauconda State IL Zip Code 60084

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 27 / 2009
Transaction ID: 2009121694340-86
Amount of Each Receipt this Period 25.00

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 13 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 917 Geneva St

City State Zip Code
Glendale CA 91207

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Plant Manager li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.72

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-18
Amount of Each Receipt this Period: 58.13

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

Mailing Address 917 Geneva St

City State Zip Code
Glendale CA 91207

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

Name of Employer: Baxter Healthcare Corporation
Occupation: Plant Manager li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.72

Date of Receipt: 11 / 27 / 2009
Transaction ID: 2009121694340-18
Amount of Each Receipt this Period: 58.13

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer: Baxter International Inc.
Occupation: VP, Corporate Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1237.92

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-180
Amount of Each Receipt this Period: 51.96

SUBTOTAL of Receipts This Page (optional) ► 168.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 78
(check only one)

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

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

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

A.

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

Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1237.92

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-179

Amount of Each Receipt this Period
51.96

B.

Full Name (Last, First, Middle Initial)
Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-38

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-38

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **131.96**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 78
(check only one)

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

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

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

Mailing Address 5313 Abbey Drive

City State Zip Code
McHenry IL 60050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-12
Amount of Each Receipt this Period: 25.00

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

Mailing Address 5313 Abbey Drive

City State Zip Code
McHenry IL 60050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 27 / 2009
Transaction ID: 2009121694340-12
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Brian W. Clements

Mailing Address 109 Juniper Way

City State Zip Code
Lake Villa IL 60046

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP, MD Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-9
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 78
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Brian W. Clements

Mailing Address 109 Juniper Way

City State Zip Code
Lake Villa IL 60046

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, MD Supply Chain
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-9

Amount of Each Receipt this Period
15.00

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

Mailing Address 113 S Waverly PI

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Occupation
Baxter International Inc. Dir, Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1538.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-164

Amount of Each Receipt this Period
64.50

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

Mailing Address 113 S Waverly PI

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Occupation
Baxter International Inc. Dir, Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1538.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-163

Amount of Each Receipt this Period
64.50

SUBTOTAL of Receipts This Page (optional) ► 144.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
June C. Costello

Mailing Address 44 Longwood Dr

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
Baxter Healthcare Corpora- Sales Representative I
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 2009121694340-48

Amount of Each Receipt this Period
10.00

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

Mailing Address 23 Wynstone Way

City State Zip Code
North Barrington IL 60010

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2451.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 2009121694221-147

Amount of Each Receipt this Period
103.21

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

Mailing Address 23 Wynstone Way

City State Zip Code
North Barrington IL 60010

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2451.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 2009121694340-146

Amount of Each Receipt this Period
103.21

SUBTOTAL of Receipts This Page (optional) ► **216.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 78
(check only one)

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

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

A.

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

Mailing Address Calle Guama #70 Mansiones Los Cedr

City Cayey State PR Zip Code 00736

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.64

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-197

Amount of Each Receipt this Period 50.08

B.

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

Mailing Address Calle Guama #70 Mansiones Los Cedr

City Cayey State PR Zip Code 00736

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

Name of Employer Baxter Occupation Dir, Logistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1187.64

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-196

Amount of Each Receipt this Period 50.08

C.

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

Mailing Address 21515 Hummingbird Court

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation Cvp, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3992.36

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-168

Amount of Each Receipt this Period 167.31

SUBTOTAL of Receipts This Page (optional) ► 267.47

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

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

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

FOR LINE NUMBER: PAGE 19 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21515 Hummingbird Court

City State Zip Code
Kildeer IL 60047

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

Name of Employer: Baxter International Inc. Occupation: Cvp, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3992.36

Date of Receipt: 11 / 27 / 2009
Transaction ID: 2009121694340-167
Amount of Each Receipt this Period: 167.31

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

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code
Saugus CA 91390

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

Name of Employer: Baxter Healthcare Corporation Occupation: Plant Mgr li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 894.54

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-104
Amount of Each Receipt this Period: 37.72

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

Mailing Address 28461 Hidden Hills Blvd

City State Zip Code
Saugus CA 91390

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

Name of Employer: Baxter Healthcare Corporation Occupation: Plant Mgr li

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 894.54

Date of Receipt: 11 / 27 / 2009
Transaction ID: 2009121694340-103
Amount of Each Receipt this Period: 37.72

SUBTOTAL of Receipts This Page (optional) ► 242.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Scott A. Ehrmantraut		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 7655 168th Avenue SE		Transaction ID: 2009121694221-194		
	City Mooreton	State ND	Zip Code 58061	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BioLife Plasma L.L.C.	Occupation Director, Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Scott A. Ehrmantraut		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 7655 168th Avenue SE		Transaction ID: 2009121694340-193		
	City Mooreton	State ND	Zip Code 58061	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BioLife Plasma L.L.C.	Occupation Director, Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Paul D. Estrem		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 325 Clarewood Circle		Transaction ID: 2009121694221-46		
	City Grayslake	State IL	Zip Code 60030	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, Fin & Strat Initiatives			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Paul D. Estrem

Mailing Address 325 Clarewood Circle

City State Zip Code
Grayslake IL 60030

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, Fin & Strat Initiatives
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-46

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 189 Lions Court

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer Occupation
Baxter International Inc. Sr Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-171

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 189 Lions Court

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer Occupation
Baxter International Inc. Sr Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-170

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 22 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Camille I. Farhat		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 1052 Warrington Road		Transaction ID: 2009121694221-65		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation GM, Bpt	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Camille I. Farhat		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 1052 Warrington Road		Transaction ID: 2009121694340-64		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation GM, Bpt	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Alan E. Freedlund		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 746 S. River Rd		Transaction ID: 2009121694221-81		
	City Naperville	State IL	Zip Code 60540	Amount of Each Receipt this Period 12.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, Information Technology	Aggregate Year-to-Date 252.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	112.00
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 23 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Alan E. Freedlund

Mailing Address 746 S. River Rd

City Naperville State IL Zip Code 60540

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-80

Amount of Each Receipt this Period 12.00

B.

Full Name (Last, First, Middle Initial)
Kevin E. Freeman

Mailing Address 20982 Buffalo Run

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation VP, I Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-165

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Kevin E. Freeman

Mailing Address 20982 Buffalo Run

City Kildeer State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation VP, I Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-164

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 62.00

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 24 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Valery E. Gallagher		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 14334 Spring Meadow Court		Transaction ID: 2009121694221-72
	City Green Oaks	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.93
	Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1704.96	

B.	Full Name (Last, First, Middle Initial) Valery E. Gallagher		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 14334 Spring Meadow Court		Transaction ID: 2009121694340-71
	City Green Oaks	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.93
	Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1704.96	

C.	Full Name (Last, First, Middle Initial) Erin M. Gardiner		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 2442 W. Carmen Ave.		Transaction ID: 2009121694221-169
	City Chicago	State IL	Zip Code 60625
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter International Inc.	Occupation Dir, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	168.86
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 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Erin M. Gardiner	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 2442 W. Carmen Ave.	Transaction ID: 2009121694340-168
	City State Zip Code Chicago IL 60625	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International Inc. Dir, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) James M. Gatling	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 391 Sherbrooke Court	Transaction ID: 2009121694221-16
	City State Zip Code Crystal Lake IL 60012	Amount of Each Receipt this Period 156.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter Healthcare Corporation Cvp, Global Manufacturing Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3736.96	

C.	Full Name (Last, First, Middle Initial) James M. Gatling	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 391 Sherbrooke Court	Transaction ID: 2009121694340-16
	City State Zip Code Crystal Lake IL 60012	Amount of Each Receipt this Period 156.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter Healthcare Corporation Cvp, Global Manufacturing Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3736.96	

SUBTOTAL of Receipts This Page (optional)	338.08
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: PAGE 26 / 78
(check only one)

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

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

A.

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

Mailing Address 3775 Riverly Trace

City State Zip Code
Marietta GA 30067

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-61

Amount of Each Receipt this Period
53.17

B.

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

Mailing Address 3775 Riverly Trace

City State Zip Code
Marietta GA 30067

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-60

Amount of Each Receipt this Period
53.17

C.

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

Mailing Address 580 N. Bank Lane Apt 25

City State Zip Code
Lake Forest IL 60045

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-113

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **156.34**

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 27 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Susan C. Gould	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 760 Oakwood Ave	Transaction ID: 2009121694340-112
	City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter Healthcare Corporation Sr Dir, Clinical Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) William J. Gresham	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 909 Clinton Place	Transaction ID: 2009121694221-181
	City State Zip Code River Forest IL 60305	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International Inc. Dir, Ethics & Compliance/Ehs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) William J. Gresham	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 909 Clinton Place	Transaction ID: 2009121694340-180
	City State Zip Code River Forest IL 60305	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baxter International Inc. Dir, Ethics & Compliance/Ehs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 78
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Andrew C. Hayes		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 1620 Timber Woods Lane		Transaction ID: 2009121694221-88
	City Libertyville	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.22
	Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Marketing	Aggregate Year-to-Date 1529.70

B.	Full Name (Last, First, Middle Initial) Andrew C. Hayes		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 1620 Timber Woods Lane		Transaction ID: 2009121694340-87
	City Libertyville	State IL	Zip Code 60048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.22
	Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Marketing	Aggregate Year-to-Date 1529.70

C.	Full Name (Last, First, Middle Initial) Leslie J. Herzog		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 816 Moseley Rd.		Transaction ID: 2009121694221-120
	City Highland Park	State IL	Zip Code 60035
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.69
	Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt	Aggregate Year-to-Date 538.73

SUBTOTAL of Receipts This Page (optional)	▶	160.13
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Leslie J. Herzog	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 816 Moseley Rd.	Transaction ID: 2009121694340-119
	City Highland Park State IL Zip Code 60035	Amount of Each Receipt this Period 31.69
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.73	

B.	Full Name (Last, First, Middle Initial) Robert J. Hombach	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 126 Homewood Avenue	Transaction ID: 2009121694221-166
	City Libertyville State IL Zip Code 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter International Inc.	Occupation Cvp, Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Robert J. Hombach	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 126 Homewood Avenue	Transaction ID: 2009121694340-165
	City Libertyville State IL Zip Code 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter International Inc.	Occupation Cvp, Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	81.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Gary W. Inglese		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 9321 Waterside Court		Transaction ID: 2009121694221-73
City New Haven	State IN	Zip Code 46774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Healthcare Reimb	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.

Full Name (Last, First, Middle Initial) Gary W. Inglese		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 9321 Waterside Court		Transaction ID: 2009121694340-72
City New Haven	State IN	Zip Code 46774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Healthcare Reimb	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.

Full Name (Last, First, Middle Initial) Irene P. Jakimcius		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 2208 Wesley Ave.		Transaction ID: 2009121694221-172
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.99
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

SUBTOTAL of Receipts This Page (optional)	▶	121.99
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 78
(check only one)

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

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

A.

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

Mailing Address 2208 Wesley Ave.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Baxter International Inc. Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-171

Amount of Each Receipt this Period
81.99

B.

Full Name (Last, First, Middle Initial)
Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City State Zip Code
Libertyville IL 60048

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 ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-148

Amount of Each Receipt this Period
38.46

C.

Full Name (Last, First, Middle Initial)
Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City State Zip Code
Libertyville IL 60048

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 ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-147

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **158.91**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert A. Johnson	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 31385 W Somerset Circle	Transaction ID: 2009121694221-45
	City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter Healthcare Corporation Occupation: VP li, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 400.00	

B.	Full Name (Last, First, Middle Initial) Robert A. Johnson	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 31385 W Somerset Circle	Transaction ID: 2009121694340-45
	City State Zip Code Green Oaks IL 60048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter Healthcare Corporation Occupation: VP li, Manufacturing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 400.00	

C.	Full Name (Last, First, Middle Initial) Rob C. Keeley	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 22606 Bridle	Transaction ID: 2009121694221-130
	City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter Healthcare Corporation Occupation: VP, Hd/Crrt Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1194.12	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rob C. Keeley		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 22606 Bridle		Transaction ID: 2009121694340-129		
	City Kildeer	State IL	Zip Code 60047	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP, Hd/Crrt Marketing	Aggregate Year-to-Date 1194.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jane E. Kiernan		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 525 West Roscoe , #3W		Transaction ID: 2009121694221-36		
	City Chicago	State IL	Zip Code 60657-3540	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation General Manager, Iv Therapy	Aggregate Year-to-Date 1960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jane E. Kiernan		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 525 West Roscoe , #3W		Transaction ID: 2009121694340-36		
	City Chicago	State IL	Zip Code 60657-3540	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation General Manager, Iv Therapy	Aggregate Year-to-Date 1960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: (check only one)	PAGE 34 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard L. Kirkendall		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address One Baxter Parkway		Transaction ID: 2009121694221-132		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP Quality, Medication Delivery			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

B.	Full Name (Last, First, Middle Initial) Richard L. Kirkendall		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address One Baxter Parkway		Transaction ID: 2009121694340-131		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation VP Quality, Medication Delivery			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) Marie G. Kissel		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 1 Baxter Pkwy c/o Gerald Lema C/O Gerald Lema		Transaction ID: 2009121694221-183		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 76.46	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1823.82			

SUBTOTAL of Receipts This Page (optional)	▶	226.46
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Marie G. Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema
C/O Gerald Lema

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation Away on Assignment

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1823.82

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-182

Amount of Each Receipt this Period
76.46

B.

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

Mailing Address 330 Brampton Court

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Sales & Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 2009121694221-69

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 330 Brampton Court

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Baxter Healthcare Corporation VP, Sales & Marketing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-68

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **96.46**

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 36 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward L. Lamb		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 1072 South Rockwell St		Transaction ID: 2009121694221-39		
	City Gilbert	State AZ	Zip Code 85296	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Dir, Information Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Edward L. Lamb		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 1072 South Rockwell St		Transaction ID: 2009121694340-39		
	City Gilbert	State AZ	Zip Code 85296	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Dir, Information Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

C.	Full Name (Last, First, Middle Initial) Edward (Ted) A. Langan		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702		Transaction ID: 2009121694221-3		
	City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation VP li, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward (Ted) A. Langan		Date of Receipt	
	Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702		M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 2009121694340-3
	Chicago	IL	60601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer Baxter Healthcare Corporation		Occupation VP li, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00		

B.	Full Name (Last, First, Middle Initial) Timothy P. Lawrence		Date of Receipt	
	Mailing Address 876 Writer CT		M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 2009121694221-142
	Vernon Hills	IL	60061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		58.10	
Name of Employer Baxter Healthcare Corporation		Occupation VP Manufacturing Med Delivery		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1374.66		

C.	Full Name (Last, First, Middle Initial) Timothy P. Lawrence		Date of Receipt	
	Mailing Address 876 Writer CT		M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 2009121694340-141
	Vernon Hills	IL	60061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		58.10	
Name of Employer Baxter Healthcare Corporation		Occupation VP Manufacturing Med Delivery		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1374.66		

SUBTOTAL of Receipts This Page (optional)	▶	191.20
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jacopo Leonardi	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 319 E. Vincent Ct.	Transaction ID: 2009121694221-129
	City State Zip Code Lake Bluff IL 60044	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Jacopo Leonardi	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 319 E. Vincent Ct.	Transaction ID: 2009121694340-128
	City State Zip Code Lake Bluff IL 60044	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Raymond J. Linder	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 246 Montclair Road	Transaction ID: 2009121694221-42
	City State Zip Code Vernon Hills IL 60061	Amount of Each Receipt this Period 46.68
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, HR - Mfg/Supply Chain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1104.48	

SUBTOTAL of Receipts This Page (optional)	96.68
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 / 78

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Raymond J. Linder

Mailing Address 246 Montclair Road

City State Zip Code
Vernon Hills IL 60061

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

Name of Employer Occupation
Baxter Healthcare Corpora- VP, HR - Mfg/Supply Chain
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1104.48

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-42

Amount of Each Receipt this Period

46.68

B.

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

Mailing Address 1694 Falling Star Ave.

City State Zip Code
Westlake Village CA 91362

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-40

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 1694 Falling Star Ave.

City State Zip Code
Westlake Village CA 91362

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-40

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

146.68

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Matthew A. Lykken		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 421 North Wheaton Ave		Transaction ID: 2009121694221-179
	City Wheaton	State IL	Zip Code 60187
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter International Inc.	Occupation VP, Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Matthew A. Lykken		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 421 North Wheaton Ave		Transaction ID: 2009121694340-178
	City Wheaton	State IL	Zip Code 60187
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter International Inc.	Occupation VP, Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Jack Maniko		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 116 Tennessee Avenue NE		Transaction ID: 2009121694221-131
	City Washington	State DC	Zip Code 20002
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jack Maniko		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 116 Tennessee Avenue NE		Transaction ID: 2009121694340-130
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.

Full Name (Last, First, Middle Initial) Michael E. Martin		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 10680 Red Leaf Circle		Transaction ID: 2009121694221-23
City Lakewood	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.40
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1865.70	

C.

Full Name (Last, First, Middle Initial) Michael E. Martin		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 10680 Red Leaf Circle		Transaction ID: 2009121694340-23
City Lakewood	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.40
Name of Employer Baxter Healthcare Corporation	Occupation VP I, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1865.70	

SUBTOTAL of Receipts This Page (optional)	▶	186.80
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 42 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeanne K. Mason		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 1760 Duffy Lane		Transaction ID: 2009121694221-175
	City Bannockburn	State IL	Zip Code 60015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.77
	Name of Employer Baxter International Inc.	Occupation Cvp, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4078.48	

B.	Full Name (Last, First, Middle Initial) Jeanne K. Mason		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 1760 Duffy Lane		Transaction ID: 2009121694340-174
	City Bannockburn	State IL	Zip Code 60015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.77
	Name of Employer Baxter International Inc.	Occupation Cvp, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4078.48	

C.	Full Name (Last, First, Middle Initial) Michael J. McAndrew		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 795 Foxmoor		Transaction ID: 2009121694221-100
	City Lake Zurich	State IL	Zip Code 60047
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.68
	Name of Employer Baxter Healthcare Corpora- tion	Occupation Dir, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.08	

SUBTOTAL of Receipts This Page (optional)	▶	377.22
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 43 / 78
(check only one)

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

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

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

Mailing Address 795 Foxmoor

City State Zip Code
Lake Zurich IL 60047

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

Name of Employer Baxter Healthcare Corporation
Occupation Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.08

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-99

Amount of Each Receipt this Period
35.68

B. Full Name (Last, First, Middle Initial)
Kevin K. McCulloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091-1748

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

Name of Employer Baxter Healthcare Corporation
Occupation GM, Global Infusion Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 2009121694221-139

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Kevin K. McCulloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091-1748

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

Name of Employer Baxter Healthcare Corporation
Occupation GM, Global Infusion Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-138

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ **55.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 78
(check only one)

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

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

A.

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

Mailing Address 151 Ridge Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Cvp, Pres Renal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3900.08

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 2009121694221-133

Amount of Each Receipt this Period
163.08

B.

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

Mailing Address 151 Ridge Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Cvp, Pres Renal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3900.08

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-132

Amount of Each Receipt this Period
163.08

C.

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

Mailing Address 6320 Longwood Road

City State Zip Code
Libertyville IL 60048-9447

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

Name of Employer
BioLife Plasma L.L.C.

Occupation
Sr Dir, Reg Affairs & Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-187

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **351.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3140 creswell dr

City falls church State VA Zip Code 22044

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 821.55

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-115

Amount of Each Receipt this Period 38.46

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

Mailing Address 3140 creswell dr

City falls church State VA Zip Code 22044

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Renal Federal Leg Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 821.55

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-114

Amount of Each Receipt this Period 38.46

C. Full Name (Last, First, Middle Initial)
Barbara E. Morris

Mailing Address 924 N. Saratoga Dr.

City Palatine State IL Zip Code 60074

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

Name of Employer Baxter Healthcare Corporation Occupation VP, HR - Global Functions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-24

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 86.92

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 46 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Barbara E. Morris	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 924 N. Saratoga Dr.	Transaction ID: 2009121694340-24
	City Palatine State IL Zip Code 60074	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, HR - Global Functions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Michael Murphy	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address Baxter Healthcare One Baxter Parkw One Baxter Parkway	Transaction ID: 2009121694221-71
	City Deerfield State IL Zip Code 60015	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Corporate Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Michael Murphy	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 340 E Scranton Ave One Baxter Parkway	Transaction ID: 2009121694340-70
	City Lake Bluff State IL Zip Code 60044	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation VP, Corporate Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

Name of Employer Baxter Healthcare Corporation
Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.52

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-140

Amount of Each Receipt this Period
29.10

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

Mailing Address 14601 N Somerset Circle

City State Zip Code
Libertyville IL 60048

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

Name of Employer Baxter Healthcare Corporation
Occupation Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.52

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-139

Amount of Each Receipt this Period
29.10

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

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Baxter Healthcare Corporation
Occupation VP, Business Alliances

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-157

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **103.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 78
(check only one)

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

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

A.

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

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Business Alliances

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-156

Amount of Each Receipt this Period
45.00

B.

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

Mailing Address 1750 W Cortland St

City State Zip Code
Chicago IL 60622

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Asst General Counsel, Patent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 2009121694221-96

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 1750 W Cortland St

City State Zip Code
Chicago IL 60622

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Asst General Counsel, Patent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-95

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 49 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Matthew Olsofsky		Date of Receipt
	Mailing Address 13065 Westport St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Moorpark	CA	93021
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-110
Name of Employer Baxter Healthcare Corporation		Occupation Sr Mgr, Research	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) Matthew Olsofsky		Date of Receipt
	Mailing Address 13065 Westport St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Moorpark	CA	93021
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694340-109
Name of Employer Baxter Healthcare Corporation		Occupation Sr Mgr, Research	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) Tim J. Pasternak		Date of Receipt
	Mailing Address 1933 Oaktree Trl.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Lake Villa	IL	60046
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-76
Name of Employer Baxter Healthcare Corporation		Occupation Dir, R&D Program	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
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 50 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Tim J. Pasternak		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 1933 Oaktree Trl.		Transaction ID: 2009121694340-75		
	City Lake Villa	State IL	Zip Code 60046	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Dir, R&D Program		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) John W. Percival		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 691 CYPRESS AVE		Transaction ID: 2009121694221-119		
	City PASADENA	State CA	Zip Code 91103	Amount of Each Receipt this Period 21.12	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Mgr, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 501.30			

C.	Full Name (Last, First, Middle Initial) John W. Percival		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 691 CYPRESS AVE		Transaction ID: 2009121694340-118		
	City PASADENA	State CA	Zip Code 91103	Amount of Each Receipt this Period 21.12	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation Mgr, Research		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 501.30			

SUBTOTAL of Receipts This Page (optional)	▶	52.24
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 51 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jed M. Perry		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 5678 Kirkham Court		Transaction ID: 2009121694221-127
	City Springfield	State VA	Zip Code 22151
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs	Aggregate Year-to-Date 500.00

B.	Full Name (Last, First, Middle Initial) Jed M. Perry		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 5678 Kirkham Court		Transaction ID: 2009121694340-126
	City Springfield	State VA	Zip Code 22151
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Baxter Healthcare Corporation	Occupation Dir, Fed Legislative Affairs	Aggregate Year-to-Date 500.00

C.	Full Name (Last, First, Middle Initial) Carla D. Pittman		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 3933 Kenway Avenue		Transaction ID: 2009121694221-135
	City Los Angeles	State CA	Zip Code 90008
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.33
	Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	Aggregate Year-to-Date 1341.78

SUBTOTAL of Receipts This Page (optional)	106.33
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 52 / 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Carla D. Pittman	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 3933 Kenway Avenue	Transaction ID: 2009121694340-134
	City State Zip Code Los Angeles CA 90008	Amount of Each Receipt this Period 56.33
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1341.78	

B.	Full Name (Last, First, Middle Initial) Michelle A. Priefer	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 305 S. Delphia Avenue	Transaction ID: 2009121694340-51
	City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Dir Strat & Portfolio PI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Virginia L. Pringle	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 6655 Bobby Jones Ct	Transaction ID: 2009121694221-30
	City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 33.45
	FEC ID number of contributing federal political committee. C	
Name of Employer Baxter Healthcare Corporation	Occupation Mgr li, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 796.92	

SUBTOTAL of Receipts This Page (optional)	99.78
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City Palmetto State FL Zip Code 34221

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

Name of Employer Baxter Healthcare Corporation
Occupation Mgr li, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 796.92

Date of Receipt 11 / 27 / 2009
Transaction ID: 2009121694340-30
Amount of Each Receipt this Period 33.45

B.

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

Mailing Address 525 Trestle Court

City Grayslake State IL Zip Code 60030

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 ▼ 240.00

Date of Receipt 11 / 13 / 2009
Transaction ID: 2009121694221-31
Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 525 Trestle Court

City Grayslake State IL Zip Code 60030

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 ▼ 240.00

Date of Receipt 11 / 27 / 2009
Transaction ID: 2009121694340-31
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 73.45

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Julie A. Quick		Date of Receipt
	Mailing Address 3223 Epstein Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Mundelein	IL	60060
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-196
Name of Employer BioLife Plasma L.L.C.		Occupation Sr Mgr, Reg Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.92	<input type="text"/> 21.08

B.	Full Name (Last, First, Middle Initial) Julie A. Quick		Date of Receipt
	Mailing Address 3223 Epstein Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Mundelein	IL	60060
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694340-195
Name of Employer BioLife Plasma L.L.C.		Occupation Sr Mgr, Reg Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.92	<input type="text"/> 21.08

C.	Full Name (Last, First, Middle Initial) Janet L. Raciti		Date of Receipt
	Mailing Address 19 Wimbledon Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Lincolnshire	IL	60069
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-33
Name of Employer Baxter Healthcare Corporation		Occupation Dir, Strategic Reimbursement	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 82.16
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 55 / 78
(check only one)

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

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

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

A.

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

Mailing Address 19 Wimbledon Court

City State Zip Code
Lincolnshire IL 60069

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir, Strategic Reimbursement
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-33

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Sundar Ramanan

Mailing Address 1146 Azalea Way

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir Tech Services, Pharma
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 322.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-141

Amount of Each Receipt this Period
13.55

C.

Full Name (Last, First, Middle Initial)
Sundar Ramanan

Mailing Address 1146 Azalea Way

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Baxter Healthcare Corpora- Dir Tech Services, Pharma
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 322.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-140

Amount of Each Receipt this Period
13.55

SUBTOTAL of Receipts This Page (optional) ► **67.10**

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 / 78

(check only one)

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

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

A.

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

Mailing Address 926 Valley Road

City State Zip Code
Glencoe IL 60022

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1358.22

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-176

Amount of Each Receipt this Period
57.11

B.

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

Mailing Address 926 Valley Road

City State Zip Code
Glencoe IL 60022

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1358.22

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-175

Amount of Each Receipt this Period
57.11

C.

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

Mailing Address 3927 Corte Cancion

City State Zip Code
Thousand Oaks CA 91360

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-50

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

134.22

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

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

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

FOR LINE NUMBER: PAGE 57 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3927 Corte Cancion

City State Zip Code
Thousand Oaks CA 91360

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-50

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Amanda L. Robinson

Mailing Address 6250 12th St

City State Zip Code
Kenosha WI 53144

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

Name of Employer Occupation
Baxter Healthcare Corpora- Group Mgr, Marketing
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-98

Amount of Each Receipt this Period
10.00

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

Mailing Address 1280 21st St NW Unit 906
Apt 906

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Baxter Healthcare Corpora- Mgr, Pac and Grassroots
tion

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 514.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-92

Amount of Each Receipt this Period
22.69

SUBTOTAL of Receipts This Page (optional) ► 52.69

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

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

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

FOR LINE NUMBER: PAGE 58 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1280 21st St NW Unit 906
Apt 906

City Washington State DC Zip Code 20036

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 514.34

Date of Receipt 11 / 27 / 2009
Transaction ID: 2009121694340-91
Amount of Each Receipt this Period 22.69

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

Mailing Address 1316 Ashland Ave.

City Wilmette State IL Zip Code 60091

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 13 / 2009
Transaction ID: 2009121694221-47
Amount of Each Receipt this Period 10.00

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

Mailing Address 1316 Ashland Ave.

City Wilmette State IL Zip Code 60091

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 27 / 2009
Transaction ID: 2009121694340-47
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 42.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Joseph Russo		Date of Receipt
	Mailing Address 27928 Periwinkle Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Valencia	CA	91354
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-143
Name of Employer Baxter Healthcare Corporation		Occupation Dir, Envir Health & Safety	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 742.62	<input type="text"/> 31.19

B.	Full Name (Last, First, Middle Initial) Joseph Russo		Date of Receipt
	Mailing Address 27928 Periwinkle Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Valencia	CA	91354
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694340-142
Name of Employer Baxter Healthcare Corporation		Occupation Dir, Envir Health & Safety	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 742.62	<input type="text"/> 31.19

C.	Full Name (Last, First, Middle Initial) Roibin Ryan		Date of Receipt
	Mailing Address 1419 W Berteau		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Chicago	IL	60613
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-173
Name of Employer Baxter International Inc.		Occupation Deputy Gen Counsel, Lit & Empl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2365.62	<input type="text"/> 99.41

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 161.79
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 60 / 78

(check only one)

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

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

A.

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

Mailing Address 1419 W Berteau

City State Zip Code
Chicago IL 60613

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2365.62

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-172

Amount of Each Receipt this Period
99.41

B.

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

Mailing Address Baxter Expat Admin PO Box 747
PO Box 747

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation Away on Assignment

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1290.48

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 2009121694221-185

Amount of Each Receipt this Period
54.38

C.

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

Mailing Address Baxter Expat Admin PO Box 747
PO Box 747

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
Baxter World Trade Corporation Away on Assignment

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1290.48

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 2009121694340-184

Amount of Each Receipt this Period
54.38

SUBTOTAL of Receipts This Page (optional) ▶

208.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David P. Scharf		Date of Receipt
	Mailing Address 931 Oak Street		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Winnetka	IL	60093
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-170
Name of Employer Baxter International Inc.		Occupation Cvp, Corp Secretary, Deputy Gc	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="81.73"/>
		<input type="text" value="1670.32"/>	

B.	Full Name (Last, First, Middle Initial) David P. Scharf		Date of Receipt
	Mailing Address 931 Oak Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Winnetka	IL	60093
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694340-169
Name of Employer Baxter International Inc.		Occupation Cvp, Corp Secretary, Deputy Gc	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="81.73"/>
		<input type="text" value="1670.32"/>	

C.	Full Name (Last, First, Middle Initial) Joseph V. Schwan		Date of Receipt
	Mailing Address 1414 Laburnum Street North 17th Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694340-125
Name of Employer Baxter Healthcare Corporation		Occupation Sr Mgr, Federal Govt Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="210.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="173.46"/>
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 62 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt
	Mailing Address 1621 Mission Hills Rd Unit 211 Unit 211		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Northbrook	IL	60062
	FEC ID number of contributing federal political committee.		Transaction ID: 2009121694221-4
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 58.78	
Name of Employer Baxter Healthcare Corporation		Occupation VP li, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1393.92	

B.	Full Name (Last, First, Middle Initial) Chandra Sekhar		Date of Receipt
	Mailing Address 1621 Mission Hills Rd Unit 211 Unit 211		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Northbrook	IL	60062
	FEC ID number of contributing federal political committee.		Transaction ID: 2009121694340-4
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 58.78	
Name of Employer Baxter Healthcare Corporation		Occupation VP li, Mfg Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1393.92	

C.	Full Name (Last, First, Middle Initial) Jeffrey Allen Sexton		Date of Receipt
	Mailing Address 19 Cochran View Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Marion	NC	28752
	FEC ID number of contributing federal political committee.		Transaction ID: 2009121694340-85
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 10.71	
Name of Employer Baxter Healthcare Corporation		Occupation Supv li, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 207.05	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 128.27
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 63 / 78
(check only one)

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

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

A.

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

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

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

Name of Employer Baxter Healthcare Corporation Occupation VP li, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1302.48

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-153

Amount of Each Receipt this Period 54.86

B.

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

Mailing Address 432 Utley

City Elmhurst State IL Zip Code 60126

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

Name of Employer Baxter Healthcare Corporation Occupation VP li, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1302.48

Date of Receipt 11 / 27 / 2009

Transaction ID: 2009121694340-152

Amount of Each Receipt this Period 54.86

C.

Full Name (Last, First, Middle Initial)
Terry (John) Simmons

Mailing Address 1013 Windhaven Road

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Global Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 13 / 2009

Transaction ID: 2009121694221-149

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► **124.72**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Terry (John) Simmons		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 1013 Windhaven Road		Transaction ID: 2009121694340-148		
	City Libertyville	State IL	Zip Code 60048	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Baxter Healthcare Corporation		
Occupation VP, Global Purchasing		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 240.00					

B.	Full Name (Last, First, Middle Initial) Lori E. Sims		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 66 Cooper Drive		Transaction ID: 2009121694221-97		
	City Glastonbury	State CT	Zip Code 06033	Amount of Each Receipt this Period 22.39	
	FEC ID number of contributing federal political committee. C		Name of Employer Baxter Healthcare Corporation		
Occupation Mgr, State Government Affairs		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 533.76					

C.	Full Name (Last, First, Middle Initial) Lori E. Sims		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 66 Cooper Drive		Transaction ID: 2009121694340-96		
	City Glastonbury	State CT	Zip Code 06033	Amount of Each Receipt this Period 22.39	
	FEC ID number of contributing federal political committee. C		Name of Employer Baxter Healthcare Corporation		
Occupation Mgr, State Government Affairs		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 533.76					

SUBTOTAL of Receipts This Page (optional)	59.78
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Deborah G. Spak		Date of Receipt
	Mailing Address 1555 Stratford		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-177
Name of Employer Baxter International Inc.		Occupation Dir, Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 321.54	<input type="text"/> 13.56

B.	Full Name (Last, First, Middle Initial) Deborah G. Spak		Date of Receipt
	Mailing Address 1555 Stratford		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694340-176
Name of Employer Baxter International Inc.		Occupation Dir, Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 321.54	<input type="text"/> 13.56

C.	Full Name (Last, First, Middle Initial) Elizabeth F. Stoll		Date of Receipt
	Mailing Address 975 Seaboard Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Atlanta	GA	30318
	FEC ID number of contributing federal political committee. C		Transaction ID: 2009121694221-136
Name of Employer Baxter Healthcare Corporation		Occupation Mgr II, State Govt Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 235.92	<input type="text"/> 9.90

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 37.02
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 66 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elizabeth F. Stoll		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 975 Seaboard Ave		Transaction ID: 2009121694340-135		
	City Atlanta	State GA	Zip Code 30318	Amount of Each Receipt this Period 9.90	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation Mgr li, State Govt Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.92			

B.	Full Name (Last, First, Middle Initial) Donald J. Sullivan		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 910 W Cypress Drive		Transaction ID: 2009121694221-162		
	City Arlington Heights	State IL	Zip Code 60005	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International Inc.	Occupation VP, Risk Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00			

C.	Full Name (Last, First, Middle Initial) Donald J. Sullivan		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 910 W Cypress Drive		Transaction ID: 2009121694340-161		
	City Arlington Heights	State IL	Zip Code 60005	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter International Inc.	Occupation VP, Risk Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00			

SUBTOTAL of Receipts This Page (optional)	▶	89.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 67 / 78

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David M. Swartz

Mailing Address 24644 Montevista

City State Zip Code
Valencia CA 91354

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 2009121694340-104

Amount of Each Receipt this Period

10.00

B.

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

Mailing Address 914 Queens Lanes

City State Zip Code
Glenview IL 60025

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4615.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 2009121694221-174

Amount of Each Receipt this Period

192.31

C.

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

Mailing Address 914 Queens Lanes

City State Zip Code
Glenview IL 60025

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4615.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 2009121694340-173

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) ►

394.62

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 78
(check only one)

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

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

A.

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

Mailing Address 416 W Oakwood Dr

City State Zip Code
Barrington IL 60010

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP li, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 2009121694221-1

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 416 W Oakwood Dr

City State Zip Code
Barrington IL 60010

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

Name of Employer
Baxter Healthcare Corporation

Occupation
VP li, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: 2009121694340-1

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

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

Name of Employer
Baxter Healthcare Corporation

Occupation
Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2401.44

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 2009121694221-145

Amount of Each Receipt this Period
100.89

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Onelia Ann Vera		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 619 Oleander Drive		Transaction ID: 2009121694340-144		
	City Hallandale	State FL	Zip Code 33009	Amount of Each Receipt this Period 100.89	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation Assistant General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2401.44			

B.	Full Name (Last, First, Middle Initial) Chris P. Vlautin		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 4306 Arenzano Way		Transaction ID: 2009121694221-91		
	City El Dorado Hills	State CA	Zip Code 95762	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation Mgr, State Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

C.	Full Name (Last, First, Middle Initial) Chris P. Vlautin		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 4306 Arenzano Way		Transaction ID: 2009121694340-90		
	City El Dorado Hills	State CA	Zip Code 95762	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation	Occupation Mgr, State Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

SUBTOTAL of Receipts This Page (optional)	▶	140.89
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Thomas Westerkamp		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 1844 Wilson Place		Transaction ID: 2009121694221-35
City Arlington Heights	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Thomas Westerkamp		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 1844 Wilson Place		Transaction ID: 2009121694340-35
City Arlington Heights	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Baxter Healthcare Corporation	Occupation Mgr, Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Cheryl L. White		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 4069 Mayfield Street		Transaction ID: 2009121694221-161
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 148.85
Name of Employer Baxter Healthcare Corporation	Occupation Cvp, Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3553.92	

SUBTOTAL of Receipts This Page (optional)	▶	168.85
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Cheryl L. White	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 4069 Mayfield Street	Transaction ID: 2009121694340-160
	City State Zip Code Newbury Park CA 91320	Amount of Each Receipt this Period 148.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter Healthcare Corporation Occupation: Cvp, Quality Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3553.92	

B.	Full Name (Last, First, Middle Initial) Deborah K. Williams	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 3805 Fenchurch Rd	Transaction ID: 2009121694221-93
	City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter Healthcare Corporation Occupation: Dir, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Deborah K. Williams	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 3805 Fenchurch Rd	Transaction ID: 2009121694340-92
	City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Baxter Healthcare Corporation Occupation: Dir, Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	▶	248.85
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 78

(check only one)

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

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

A.

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

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-137
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

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

Name of Employer: Baxter Healthcare Corporation
Occupation: VP, Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 27 / 2009
Transaction ID: 2009121694340-136
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 6800 Red Rock Road

City State Zip Code
Amarillo TX 79118

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: 2009121694221-106
 Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 73 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Ron K. Wilson		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 6800 Red Rock Road		Transaction ID: 2009121694340-105
City Amarillo	State Zip Code TX 79118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation Sales Representative lii	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Subramaniam Yogendran		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address Baxter Healthcare Corp. One Baxter One Baxter Parkway		Transaction ID: 2009121694221-108
City Deerfield	State Zip Code IL 60015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, U.S. Supply Chain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1165.72	

C.

Full Name (Last, First, Middle Initial) Subramaniam Yogendran		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address Baxter Healthcare Corp. One Baxter One Baxter Parkway		Transaction ID: 2009121694340-107
City Deerfield	State Zip Code IL 60015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, U.S. Supply Chain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1165.72	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 74 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Todd S. Young		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address Baxter Expatriate Admin PO Box 747 PO Box 747		Transaction ID: 2009121694221-184		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter World Trade Corporation		Occupation Away on Assignment		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Todd S. Young		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address Baxter Expatriate Admin PO Box 747 PO Box 747		Transaction ID: 2009121694340-183		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter World Trade Corporation		Occupation Away on Assignment		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

C.	Full Name (Last, First, Middle Initial) Mahshid R. Zahed		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 1175 N Museum Blvd. Unit 301 Unit 301		Transaction ID: 2009121694221-109		
	City Vernon Hills	State IL	Zip Code 60061	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corporation		Occupation VP, Quality Gis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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

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

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

FOR LINE NUMBER: PAGE 75 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Mahshid R. Zahed		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 9		
	Mailing Address 1175 N Museum Blvd. Unit 301 Unit 301		Transaction ID: 2009121694340-108		
	City Vernon Hills	State IL	Zip Code 60061	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baxter Healthcare Corpora- tion		Occupation VP, Quality Gis		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	9762.61

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Evan Bayh Committee <hr/> Mailing Address 850 Fort Wayne Avenue <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Evan Bayh <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	Transaction ID: 11545039969A844E6BE Date of Disbursement 11 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Freedom Project; the <hr/> Mailing Address 631-B Pennsylvania Ave., SE Basement Unit <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Freedom Project; the <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 42D1EC335C837AFCDF9 Date of Disbursement 11 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 General Candidate Name Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Transaction ID: EC6691AD6EDA60132F6 Date of Disbursement 11 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Heath Shuler for Congress</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Heath Shuler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A97AGE1374707DC8221</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7CE9211F069579E00B2</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Leadership in the New Century (LINCPAC)</p> <p>Mailing Address 124 West Capitol Avenue Suite 630</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Leadership in the New Century (LINCPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 4616D9996024B3133B1</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael C. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D01DFE011014361ACDA</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Burr Committee; the</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C450C3F720A156B9CE6</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Richard Burr Committee; the</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B745DFDFAF7E367889A</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

19000.00