

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		96424.54
(b) Cash on Hand at Beginning of Reporting Period.....	101780.43	
(c) Total Receipts (from Line 19)	9986.33	132842.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	111766.76	229266.76
7. Total Disbursements (from Line 31).....	5500.00	123000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	106266.76	106266.76
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 12 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

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).....	9240.59	96303.82
(ii) Unitemized	745.74	36538.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9986.33	132842.22
(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)	9986.33	132842.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9986.33	132842.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9986.33	132842.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	98000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500.00	25000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5500.00	123000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	123000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9986.33	132842.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9986.33	132842.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Gregory K. Abbott		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-102
Mailing Address 619 Angelo Ave		Amount of Each Receipt this Period 20.00
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Mgr, Healthcare Reimb	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Gregory K. Abbott		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-102
Mailing Address 619 Angelo Ave		Amount of Each Receipt this Period 20.00
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr Mgr, Healthcare Reimb	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Karen Andrews		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-43
Mailing Address 10146 E Morning Star Drive		Amount of Each Receipt this Period 8.36
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee.	C	
Name of Employer Baxter Healthcare Corporation	Occupation Sr BioT TBM Gammagard	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.98	

SUBTOTAL of Receipts This Page (optional).....	48.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Karen Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 10146 E Morning Star Drive
 City State Zip Code
 Scottsdale AZ 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr BioT TBM Gammagard
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 215.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-43
 Amount of Each Receipt this Period
 8.36

B. Norman Apostol
 Full Name (Last, First, Middle Initial)
 Mailing Address 5441 Mavis Avenue
 City State Zip Code
 Whittier CA 90601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Principal industrial Engineer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-70
 Amount of Each Receipt this Period
 10.00

C. Norman Apostol
 Full Name (Last, First, Middle Initial)
 Mailing Address 5441 Mavis Avenue
 City State Zip Code
 Whittier CA 90601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Principal industrial Engineer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-70
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	28.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 108
	<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. Katherine Azuara
Full Name (Last, First, Middle Initial)

Mailing Address 5540 Churchill Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation VP Qlty,Gbl Field Surveillance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-46

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5540 Churchill Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation VP Qlty,Gbl Field Surveillance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-46

Amount of Each Receipt this Period
 25.00

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

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-146

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 108
	<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. Michael J. Baughman
Full Name (Last, First, Middle Initial)

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-147

Amount of Each Receipt this Period
 100.00

B. Julia A. Bean
Full Name (Last, First, Middle Initial)

Mailing Address 7731 148th Street

City Scotch Grove State IA Zip Code 52310

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-171

Amount of Each Receipt this Period
 10.00

c. Julia A. Bean
Full Name (Last, First, Middle Initial)

Mailing Address 7731 148th Street

City Scotch Grove State IA Zip Code 52310

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-172

Amount of Each Receipt this Period
 10.00

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 10 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jeffrey A. Beck

Mailing Address 195 N. Harbor Dr. #802
 Apt 802

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-72

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Jeffrey A. Beck

Mailing Address 195 N. Harbor Dr. #802
 Apt 802

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-72

Amount of Each Receipt this Period
 10.00

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

Mailing Address 101 N E 3rd Avenue, Ste 1600
 Ste 1600

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, Mfg - LAC Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1201.44

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-165

Amount of Each Receipt this Period
 46.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 101 N E 3rd Avenue, Ste 1600
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, Mfg - LAC Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1201.44

Date of Receipt
12 / 23 / 2011

Transaction ID : 2012011792439-166

Amount of Each Receipt this Period
46.50

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

Mailing Address Suite 1600 101 Northeast 3rd Avenue
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 09 / 2011

Transaction ID : 2011121310456-163

Amount of Each Receipt this Period
25.00

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

Mailing Address Suite 1600 101 Northeast 3rd Avenue
Ste 1600

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer Baxter Export Corporation Occupation VP, HR - LA & Canada

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 23 / 2011

Transaction ID : 2012011792439-164

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **96.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 108
	<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. David L. Bonderud
Full Name (Last, First, Middle Initial)

Mailing Address 22294 W. Brookside Way

City Lake Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-20

Amount of Each Receipt this Period
20.00

B. David L. Bonderud
Full Name (Last, First, Middle Initial)

Mailing Address 22294 W. Brookside Way

City Lake Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-20

Amount of Each Receipt this Period
20.00

C. Tina M. Bova
Full Name (Last, First, Middle Initial)

Mailing Address 55 E. Erie Street #1804 Apt 1804

City Chicago State IL Zip Code 60611

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-55

Amount of Each Receipt this Period
10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 108
	<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. Tina M. Bova
Full Name (Last, First, Middle Initial)

Mailing Address 55 E. Erie Street #1804
Apt 1804

City Chicago State IL Zip Code 60611

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-55

Amount of Each Receipt this Period
10.00

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

Mailing Address 242 West Waltann Lane

City Phoenix State AZ Zip Code 85023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-31

Amount of Each Receipt this Period
20.00

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

Mailing Address 242 West Waltann Lane

City Phoenix State AZ Zip Code 85023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-31

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 108
	<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. Michael Bradley
Full Name (Last, First, Middle Initial)

Mailing Address 137 Glenview Drive

City	State	Zip Code
Martinez	CA	94553

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

Name of Employer	Occupation
Baxter Healthcare Corporation	VP, Healthcare Econ & Reimburs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-140

Amount of Each Receipt this Period

40.00	10.00
-------	-------

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

Mailing Address 137 Glenview Drive

City	State	Zip Code
Martinez	CA	94553

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

Name of Employer	Occupation
Baxter Healthcare Corporation	VP, Healthcare Econ & Reimburs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-141

Amount of Each Receipt this Period

40.00	10.00
-------	-------

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

Mailing Address 8899 106th Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-48

Amount of Each Receipt this Period

40.00	20.00
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SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 15 OF 108
(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. Jan M. Brase
 Full Name (Last, First, Middle Initial)
 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 ▼ 380.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-48
 Amount of Each Receipt this Period 20.00

B. Katrina Britton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 Graynold Ave.
 City Glendale State CA Zip Code 91202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.62

Date of Receipt 12 / 09 / 2011
Transaction ID : 2011121310456-115
 Amount of Each Receipt this Period 11.25

C. Katrina Britton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 Graynold Ave.
 City Glendale State CA Zip Code 91202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Engineering
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.62

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-115
 Amount of Each Receipt this Period 11.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1687.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-15

Amount of Each Receipt this Period
65.53

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

Mailing Address 917 Geneva St

City Glendale State CA Zip Code 91207

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1687.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-15

Amount of Each Receipt this Period
65.53

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

Mailing Address 1091 Pine Meadow Ct

City Vernon Hills State IL Zip Code 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 ▼
1408.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-155

Amount of Each Receipt this Period
54.48

SUBTOTAL of Receipts This Page (optional).....▶	185.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sebastian J. Bufalino		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-156
Mailing Address 1091 Pine Meadow Ct		Amount of Each Receipt this Period 54.48
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation VP, Corporate Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1408.20	

Full Name (Last, First, Middle Initial) B. Joseph J. Burkard		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-69
Mailing Address 1102 W ALEXANDRIA ST		Amount of Each Receipt this Period 10.00
City ARLINGTON HEIGHTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Director of IT Security
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Joseph J. Burkard		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-69
Mailing Address 1102 W ALEXANDRIA ST		Amount of Each Receipt this Period 10.00
City ARLINGTON HEIGHTS	State IL	Zip Code 60004
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Director of IT Security
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	74.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alice J. Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 Locust St
 City Winnetka State IL Zip Code 60093-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Dir, Global Community Relation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : F1FA33E58070FD3F4F0
 Amount of Each Receipt this Period
 250.00

B. Sandra Canavaggio
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Vernon Lane
 City Buffalo Grove State IL Zip Code 60089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-91
 Amount of Each Receipt this Period
 10.00

C. Sandra Canavaggio
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Vernon Lane
 City Buffalo Grove State IL Zip Code 60089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-91
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 19 OF 108
	<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. Lauren Marie Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1721 Dewes Street
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter International Inc. VP, Corporate Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-154
 Amount of Each Receipt this Period
 25.00

B. Lauren Marie Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1721 Dewes Street
 City State Zip Code
 Glenview IL 60025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter International Inc. VP, Corporate Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-155
 Amount of Each Receipt this Period
 25.00

C. Ronald D. Chase
 Full Name (Last, First, Middle Initial)
 Mailing Address 1090 Medford Road
 City State Zip Code
 Pasadena CA 91107
 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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-24
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 108
	<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. Ronald D. Chase
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Medford Road

City Pasadena State CA Zip Code 91107

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-24

Amount of Each Receipt this Period
25.00

B. Eileen Cherry Clark
Full Name (Last, First, Middle Initial)

Mailing Address 120 Roslyn Rd.

City Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation BCU, Sr Relationship Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-82

Amount of Each Receipt this Period
10.00

C. Eileen Cherry Clark
Full Name (Last, First, Middle Initial)

Mailing Address 120 Roslyn Rd.

City Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation BCU, Sr Relationship Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-82

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 108
	<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. Edward K. Chess
Full Name (Last, First, Middle Initial)

Mailing Address 5313 Abbey Drive

City McHenry State IL Zip Code 60050

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Structure Elucidation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-10

Amount of Each Receipt this Period
25.00

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

Mailing Address 5313 Abbey Drive

City McHenry State IL Zip Code 60050

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Structure Elucidation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-10

Amount of Each Receipt this Period
25.00

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

Mailing Address 233 Heath Ct

City Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-4

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Anthony Ciganek		Date of Receipt
Mailing Address 233 Heath Ct		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Barrington	IL	60010
FEC ID number of contributing federal political committee.		Transaction ID : 2012011792439-4
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Director, Engineering	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian W. Clements		Date of Receipt
Mailing Address 109 Juniper Way		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Villa	IL	60046
FEC ID number of contributing federal political committee.		Transaction ID : 2011121310456-7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	VP, Strategic Initiatives	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian W. Clements		Date of Receipt
Mailing Address 109 Juniper Way		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Villa	IL	60046
FEC ID number of contributing federal political committee.		Transaction ID : 2012011792439-7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	VP, Strategic Initiatives	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
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 23 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mark Coin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 S Street NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **973.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-117
 Amount of Each Receipt this Period
42.31

B. Mark Coin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 S Street NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **973.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-117
 Amount of Each Receipt this Period
42.31

C. Sarah L. Creviston
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Wynstone Way
 City North Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2849.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-125
 Amount of Each Receipt this Period
110.56

SUBTOTAL of Receipts This Page (optional).....▶	195.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sarah L. Creviston		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-125
Mailing Address 23 Wynstone Way		Amount of Each Receipt this Period 110.56
City North Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2849.06	

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-183
Mailing Address Calle Guama #70 Mansiones Los Cedr		Amount of Each Receipt this Period 54.51
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1381.08	

Full Name (Last, First, Middle Initial) C. Margarita Cruz-casse		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-184
Mailing Address Calle Guama #70 Mansiones Los Cedr		Amount of Each Receipt this Period 54.51
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1381.08	

SUBTOTAL of Receipts This Page (optional).....▶	219.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 108
<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. Charles W. Cush
Full Name (Last, First, Middle Initial)
Mailing Address 815 North Webster Street
City Naperville State IL Zip Code 60563
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 09 / 2011
Transaction ID : 2011121310456-109
Amount of Each Receipt this Period 10.00

B. Charles W. Cush
Full Name (Last, First, Middle Initial)
Mailing Address 815 North Webster Street
City Naperville State IL Zip Code 60563
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-109
Amount of Each Receipt this Period 10.00

C. Ronald L. Czaplicki
Full Name (Last, First, Middle Initial)
Mailing Address 17525 Cottonwood Ct
City Grayslake State IL Zip Code 60030
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Pricing & Contr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 09 / 2011
Transaction ID : 2011121310456-54
Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ronald L. Czaplicki
 Mailing Address 17525 Cottonwood Ct
 City State Zip Code
 Grayslake IL 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Strategic Pricing & Contr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-54
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Salvatore S. Dadouche
 Mailing Address 868 Interlaken Dr
 City State Zip Code
 Lake Zurich IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Comp, Benefits & HR Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-21
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Salvatore S. Dadouche
 Mailing Address 868 Interlaken Dr
 City State Zip Code
 Lake Zurich IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Comp, Benefits & HR Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-21
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Healthcare Corporation	Occupation CVP, President - Med Products
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4817.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-41

Amount of Each Receipt this Period

187.50

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

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 Healthcare Corporation	Occupation CVP, President - Med Products
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4817.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-41

Amount of Each Receipt this Period

187.50

C. Frances J. Deblasio
Full Name (Last, First, Middle Initial)

Mailing Address 480 Elder Lane

City Winnetka	State IL	Zip Code 60093
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-81

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	385.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Frances J. Deblasio

Mailing Address 480 Elder Lane

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-81

Amount of Each Receipt this Period
100.00

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

Mailing Address 2330 West Course Drive

City Riverwoods State IL Zip Code 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1181.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-89

Amount of Each Receipt this Period
45.70

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

Mailing Address 2330 West Course Drive

City Riverwoods State IL Zip Code 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1181.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-89

Amount of Each Receipt this Period
45.70

SUBTOTAL of Receipts This Page (optional)..... **101.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Angel L. Egipciaco-Lassalle		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-137
Mailing Address Rockwood Apartments 16625 Foothill (Fair Oaks Ranch)		Amount of Each Receipt this Period 25.00
City Sylmar	State CA Zip Code 91342	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Baxter Healthcare Corporation	Occupation Plant Controller II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Angel L. Egipciaco-Lassalle		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-138
Mailing Address Rockwood Apartments 16625 Foothill (Fair Oaks Ranch)		Amount of Each Receipt this Period 25.00
City Sylmar	State CA Zip Code 91342	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Baxter Healthcare Corporation	Occupation Plant Controller II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Carlos Humberto Escobar		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-164
Mailing Address 1886 NW 140th Terrace		Amount of Each Receipt this Period 10.00
City Pembroke Pines	State FL Zip Code 33028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Baxter Export Corporation	Occupation Dir, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

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

FOR LINE NUMBER: PAGE 30 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Carlos Humberto Escobar

Mailing Address 1886 NW 140th Terrace

City State Zip Code
 Pembroke Pines FL 33028

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

Name of Employer Occupation
 Baxter Export Corporation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-165

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. 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 Corporation VP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-37

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. 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 Corporation VP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-37

Amount of Each Receipt this Period
 50.00

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: (check only one)	PAGE 31 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-148

Amount of Each Receipt this Period
25.00

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

Mailing Address 189 Lions Court

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation Sr Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-149

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Michelle K. Fedunyszyn

Mailing Address 4716 N. Lamon Ave.

City Chicago State IL Zip Code 60630

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-62

Amount of Each Receipt this Period
23.86

SUBTOTAL of Receipts This Page (optional)..... **73.86**

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:	PAGE 32 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michelle K. Fedunyszyn
Full Name (Last, First, Middle Initial)

Mailing Address 4716 N. Lamon Ave.

City Chicago State IL Zip Code 60630

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-62

Amount of Each Receipt this Period
 23.86

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

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 ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-68

Amount of Each Receipt this Period
 12.00

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

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 ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-68

Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional).....▶	47.86
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 33 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kelly L. Fuller		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-96
Mailing Address 601 Silverstone Drive		Amount of Each Receipt this Period 10.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Pharmacy Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Kelly L. Fuller		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-96
Mailing Address 601 Silverstone Drive		Amount of Each Receipt this Period 10.00
City Madison	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Pharmacy Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Guy G. Fusco		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-159
Mailing Address Baxter Expatriate Admin PO Box 747 Baxter Expatriate Admin		Amount of Each Receipt this Period 20.00
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Guy G. Fusco

Mailing Address **Baxter Expatriate Admin PO Box 747**
Baxter Expatriate Admin

City **Deerfield** State **IL** Zip Code **60015**

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

Name of Employer **Baxter World Trade Corporation** Occupation **Away on Assignment**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-160

Amount of Each Receipt this Period
20.00

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

Mailing Address **14334 Spring Meadow Court**

City **Green Oaks** State **IL** Zip Code **60048**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2038.52**

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-59

Amount of Each Receipt this Period
78.85

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

Mailing Address **14334 Spring Meadow Court**

City **Green Oaks** State **IL** Zip Code **60048**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2038.52**

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-59

Amount of Each Receipt this Period
78.85

SUBTOTAL of Receipts This Page (optional)..... ▶ **177.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 108
	<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. Zhanna Gevorkian
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Camulos Avenue

City Glendale State CA Zip Code 91208

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-76

Amount of Each Receipt this Period
11.10

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

Mailing Address 1640 Camulos Avenue

City Glendale State CA Zip Code 91208

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-76

Amount of Each Receipt this Period
11.10

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

Mailing Address 1242 N. Lake Shore Drive

City Chicago State IL Zip Code 60610

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-88

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **32.20**

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 36 OF 108
	<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. John J. Gibbons
Full Name (Last, First, Middle Initial)

Mailing Address 1242 N. Lake Shore Drive

City	State	Zip Code
Chicago	IL	60610

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Mgr, Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-88

Amount of Each Receipt this Period

10.00

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

Mailing Address 3775 Riverly Trace

City	State	Zip Code
Marietta	GA	30067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1468.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-49

Amount of Each Receipt this Period

56.85

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

Mailing Address 3775 Riverly Trace

City	State	Zip Code
Marietta	GA	30067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1468.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-49

Amount of Each Receipt this Period

56.85

SUBTOTAL of Receipts This Page (optional).....▶	123.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 108
(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. Daniel Goitein
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 Kimer
 City State Zip Code
 Crystal Lake IL 60012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Group Marketing Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-65
 Amount of Each Receipt this Period
 10.00

B. Daniel Goitein
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 Kimer
 City State Zip Code
 Crystal Lake IL 60012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Group Marketing Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-65
 Amount of Each Receipt this Period
 10.00

C. Susan C. Gould
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Oakwood Ave
 City State Zip Code
 Lake Forest IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Dir, Clinical Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-93
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 108
	<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. Susan C. Gould
Full Name (Last, First, Middle Initial)

Mailing Address 760 Oakwood Ave

City Lake Forest State IL Zip Code 60045

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Clinical Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-93

Amount of Each Receipt this Period
50.00

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

Mailing Address 3408 Linneman

City Glenview State IL Zip Code 60025

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-111

Amount of Each Receipt this Period
15.00

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

Mailing Address 3408 Linneman

City Glenview State IL Zip Code 60025

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-111

Amount of Each Receipt this Period
15.00

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: (check only one)	PAGE 39 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 909 Clinton Place

City River Forest State IL Zip Code 60305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-157

Amount of Each Receipt this Period
25.00

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

Mailing Address 909 Clinton Place

City River Forest State IL Zip Code 60305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-158

Amount of Each Receipt this Period
25.00

C. Peter M. Grubin
Full Name (Last, First, Middle Initial)

Mailing Address Baxter Expat Admin PO Box 747
Baxter Expat Admin

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-161

Amount of Each Receipt this Period
10.00

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 40 OF 108
<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. Peter M. Grubin
Full Name (Last, First, Middle Initial)

Mailing Address **Baxter Expat Admin PO Box 747**
Baxter Expat Admin

City **Deerfield** State **IL** Zip Code **60015**

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

Name of Employer **Baxter World Trade Corporation** Occupation **Away on Assignment**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2011			

Transaction ID : 2012011792439-162

Amount of Each Receipt this Period

									10.00

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

Mailing Address **121 33rd Avenue**

City **Kenosha** State **WI** Zip Code **53144**

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

Name of Employer **Baxter Healthcare Corporation** Occupation **Sr Mgr, Clinical Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2011			

Transaction ID : 2011121310456-57

Amount of Each Receipt this Period

									10.00

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

Mailing Address **121 33rd Avenue**

City **Kenosha** State **WI** Zip Code **53144**

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

Name of Employer **Baxter Healthcare Corporation** Occupation **Sr Mgr, Clinical Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2011			

Transaction ID : 2012011792439-57

Amount of Each Receipt this Period

									10.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. James Allen Harmon

Mailing Address 2634 Springbrook Court

City State Zip Code
 Thousand Oaks CA 91362

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

Name of Employer Occupation
 Baxter Healthcare Corporation VP II, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-9

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. James Allen Harmon

Mailing Address 2634 Springbrook Court

City State Zip Code
 Thousand Oaks CA 91362

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

Name of Employer Occupation
 Baxter Healthcare Corporation VP II, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-9

Amount of Each Receipt this Period
 10.00

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

Mailing Address 1620 Timber Woods Lane

City State Zip Code
 Libertyville IL 60048

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

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Director, New Product Intro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1746.82

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-75

Amount of Each Receipt this Period
 67.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1620 Timber Woods Lane

City	State	Zip Code
Libertyville	IL	60048

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Sr Director, New Product Intro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1746.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-75

Amount of Each Receipt this Period

67.61

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

Mailing Address 816 Moseley Rd.

City	State	Zip Code
Highland Park	IL	60035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **861.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-97

Amount of Each Receipt this Period

33.36

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

Mailing Address 816 Moseley Rd.

City	State	Zip Code
Highland Park	IL	60035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **861.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-97

Amount of Each Receipt this Period

33.36

SUBTOTAL of Receipts This Page (optional).....▶	134.33
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 43 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael T. Himes		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-175
Mailing Address 2100 Ovaltine Court Apartment 119 Unit 119		Amount of Each Receipt this Period 11.56
City Villa Park	State IL	
Zip Code 60181	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 298.52
Name of Employer BioLife Plasma L.L.C.	Occupation Quality Assoc II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael T. Himes		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-176
Mailing Address 2100 Ovaltine Court Apartment 119 Unit 119		Amount of Each Receipt this Period 11.56
City Villa Park	State IL	
Zip Code 60181	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 298.52
Name of Employer BioLife Plasma L.L.C.	Occupation Quality Assoc II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert J. Hombach		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-145
Mailing Address 126 Homewood Avenue		Amount of Each Receipt this Period 25.00
City Libertyville	State IL	
Zip Code 60048	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 650.00
Name of Employer Baxter International Inc.	Occupation CVP, Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	48.12
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 126 Homewood Avenue

City Libertyville State IL Zip Code 60048

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 23 / 2011**

Transaction ID : 2012011792439-146

Amount of Each Receipt this Period **25.00**

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

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2221.38**

Date of Receipt **12 / 09 / 2011**

Transaction ID : 2011121310456-149

Amount of Each Receipt this Period **85.98**

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

Mailing Address 2208 Wesley Ave.

City Evanston State IL Zip Code 60201

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

Name of Employer Baxter International Inc. Occupation Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2221.38**

Date of Receipt **12 / 23 / 2011**

Transaction ID : 2012011792439-150

Amount of Each Receipt this Period **85.98**

SUBTOTAL of Receipts This Page (optional)..... **196.96**

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: (check only one)	PAGE 45 OF 108
	<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. Jean M. Jans
Full Name (Last, First, Middle Initial)

Mailing Address 1568 RFD

City Lake Zurich 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 ▼ **577.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-142

Amount of Each Receipt this Period
48.09

B. Jean M. Jans
Full Name (Last, First, Middle Initial)

Mailing Address 1568 RFD

City Lake Zurich 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 ▼ **577.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-143

Amount of Each Receipt this Period
48.09

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

Mailing Address 130 W Lincoln Ave

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Strategy & Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1044.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-127

Amount of Each Receipt this Period
40.41

SUBTOTAL of Receipts This Page (optional)..... ▶ **136.59**

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 46 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
 1044.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-127
 Amount of Each Receipt this Period
 40.41

Full Name (Last, First, Middle Initial)
B. Kurt Johnson
 Mailing Address 2322 Central Park Ave.
 City State Zip Code
 Evanston IL 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, BD - BioScience
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-138
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Kurt Johnson
 Mailing Address 2322 Central Park Ave.
 City State Zip Code
 Evanston IL 60201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, BD - BioScience
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-139
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.41
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 252 Franklin Road

City Glencoe	State IL	Zip Code 60022
-----------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation GFH, BioTherapeutics
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.98**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-130

Amount of Each Receipt this Period

86.54

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

Mailing Address Baxter Expat Admin PO Box 747
Baxter Expat Admin

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

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

Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2160.73**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-162

Amount of Each Receipt this Period

86.54

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

Mailing Address Baxter Expat Admin PO Box 747
Baxter Expat Admin

City Deerfield	State IL	Zip Code 60015
-------------------	-------------	-------------------

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

Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2160.73**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-163

Amount of Each Receipt this Period

86.54

SUBTOTAL of Receipts This Page (optional).....▶	226.93
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 108
	<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. Helena M. Klumpp
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Isabella St.

City Evanston State IL Zip Code 60201

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

Name of Employer Baxter International Inc. Occupation Senior Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-153

Amount of Each Receipt this Period
20.00

B. Helena M. Klumpp
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Isabella St.

City Evanston State IL Zip Code 60201

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

Name of Employer Baxter International Inc. Occupation Senior Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-154

Amount of Each Receipt this Period
20.00

C. Thomas K. Kroeger
Full Name (Last, First, Middle Initial)

Mailing Address 12538 Landeck Road

City Delphos State OH Zip Code 45833

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

Name of Employer BioLife Plasma L.L.C. Occupation Division Quality Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-170

Amount of Each Receipt this Period
9.76

SUBTOTAL of Receipts This Page (optional)..... **49.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas K. Kroeger		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 Transaction ID : 2012011792439-171
Mailing Address 12538 Landeck Road		Amount of Each Receipt this Period 9.76
City Delphos	State OH	Zip Code 45833
FEC ID number of contributing federal political committee.	C	
Name of Employer BioLife Plasma L.L.C.	Occupation Division Quality Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.02	

Full Name (Last, First, Middle Initial) B. Brian J. LaMarca		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 Transaction ID : 2011121310456-172
Mailing Address 2261 Zach Scott St		Amount of Each Receipt this Period 25.97
City Austin	State TX	Zip Code 78723
FEC ID number of contributing federal political committee.	C	
Name of Employer BioLife Plasma L.L.C.	Occupation Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.08	

Full Name (Last, First, Middle Initial) C. Brian J. LaMarca		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 Transaction ID : 2012011792439-173
Mailing Address 2261 Zach Scott St		Amount of Each Receipt this Period 25.97
City Austin	State TX	Zip Code 78723
FEC ID number of contributing federal political committee.	C	
Name of Employer BioLife Plasma L.L.C.	Occupation Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 671.08	

SUBTOTAL of Receipts This Page (optional).....▶	61.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 108
<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. Edward Leonard Lamb
Full Name (Last, First, Middle Initial)
Mailing Address 1072 South Rockwell St
City Gilbert State AZ Zip Code 85296
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Dir, Information Technology
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : 2011121310456-33
Amount of Each Receipt this Period **10.00**

B. Edward Leonard Lamb
Full Name (Last, First, Middle Initial)
Mailing Address 1072 South Rockwell St
City Gilbert State AZ Zip Code 85296
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Dir, Information Technology
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 23 / 2011**
Transaction ID : 2012011792439-33
Amount of Each Receipt this Period **10.00**

C. Edward A. Langan
Full Name (Last, First, Middle Initial)
Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702
City Chicago State IL Zip Code 60601
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, Sls Excellence- BioScience
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1950.00**

Date of Receipt **12 / 09 / 2011**
Transaction ID : 2011121310456-2
Amount of Each Receipt this Period **75.00**

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 52 OF 108
	<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. Edward A. Langan
Full Name (Last, First, Middle Initial)

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City Chicago State IL Zip Code 60601

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

Name of Employer Baxter Healthcare Corporation Occupation VP, SIs Excellence- BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1950.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-2

Amount of Each Receipt this Period
75.00

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

Mailing Address 21334 Andover Road

City Kildeer State IL Zip Code 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1288.48

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-114

Amount of Each Receipt this Period
50.00

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

Mailing Address 21334 Andover Road

City Kildeer State IL Zip Code 60047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1288.48

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-114

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 108
	<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. Timothy P. Lawrence
Full Name (Last, First, Middle Initial)

Mailing Address 876 Writer CT

City State Zip Code
Vernon Hills IL 60061

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1797.92**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-122

Amount of Each Receipt this Period
72.12

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

Mailing Address 876 Writer CT

City State Zip Code
Vernon Hills IL 60061

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1797.92**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-122

Amount of Each Receipt this Period
72.12

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

Mailing Address 319 E. Vincent Ct.

City State Zip Code
Lake Bluff IL 60044

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-106

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ► **169.24**

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 54 OF 108
	<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. Jacopo Leonardi
Full Name (Last, First, Middle Initial)
Mailing Address 319 E. Vincent Ct.
City Lake Bluff State IL Zip Code 60044
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, Sls & Mkt - US BioT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-106
Amount of Each Receipt this Period 25.00

B. Kelli Lester
Full Name (Last, First, Middle Initial)
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 ▼ 1040.00

Date of Receipt 12 / 09 / 2011
Transaction ID : 2011121310456-94
Amount of Each Receipt this Period 40.00

C. Kelli Lester
Full Name (Last, First, Middle Initial)
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 ▼ 1040.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-94
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
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 55 OF 108
	<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. Josephine M. Li-McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 758 Cranmont Court
 City Simi Valley State CA Zip Code 93065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-28
 Amount of Each Receipt this Period
 25.00

B. Josephine M. Li-McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 758 Cranmont Court
 City Simi Valley State CA Zip Code 93065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Director Outcomes Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-28
 Amount of Each Receipt this Period
 25.00

C. Ronald K. Lloyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 W. Delaware Pl #2603 Unit 2603
 City Chicago State IL Zip Code 60610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GM, US BioScience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-34
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ronald K. Lloyd		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 2 W. Delaware Pl #2603 Unit 2603		Transaction ID : 2012011792439-34
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Baxter Healthcare Corporation	Occupation GM, US BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Scott P. Luce		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 1311 Kristin Drive		Transaction ID : 2011121310456-108
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation GFH, Specialty Pharma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Scott P. Luce		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011
Mailing Address 1311 Kristin Drive		Transaction ID : 2012011792439-108
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Baxter Healthcare Corporation	Occupation GFH, Specialty Pharma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 108
	<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. Marcus A. Luna
Full Name (Last, First, Middle Initial)

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

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

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-98

Amount of Each Receipt this Period
15.00

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

Mailing Address 11 Heath Pkwy

City Middletown State NJ Zip Code 07748

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

Name of Employer Baxter Healthcare Corporation Occupation Sales Representative II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-98

Amount of Each Receipt this Period
15.00

C. Tracy L. Luncsford
Full Name (Last, First, Middle Initial)

Mailing Address 2332 Eastview

City Des Plaines State IL Zip Code 60018

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Contract Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-73

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 108
	<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. Tracy L. Luncsford
Full Name (Last, First, Middle Initial)

Mailing Address 2332 Eastview

City Des Plaines State IL Zip Code 60018

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Contract Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-73

Amount of Each Receipt this Period
10.00

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

Mailing Address 1107 Wellington Drive

City Duncanville State TX Zip Code 75137

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-118

Amount of Each Receipt this Period
25.00

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

Mailing Address 1107 Wellington Drive

City Duncanville State TX Zip Code 75137

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Tax Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-118

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 59 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 116 Tennessee Avenue NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-107

Amount of Each Receipt this Period
30.00

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

Mailing Address 116 Tennessee Avenue NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-107

Amount of Each Receipt this Period
30.00

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

Mailing Address 10680 Red Leaf Circle

City Lakewood	State IL	Zip Code 60014
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1106.18**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-18

Amount of Each Receipt this Period
41.26

SUBTOTAL of Receipts This Page (optional).....▶	101.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael E. Martin		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-18
Mailing Address 10680 Red Leaf Circle		Amount of Each Receipt this Period 41.26
City Lakewood	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Mfg Strategy- Med Products		Aggregate Year-to-Date 1106.18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeanne K. Mason		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-151
Mailing Address 1760 Duffy Lane		Amount of Each Receipt this Period 180.77
City Bannockburn	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	
Occupation CVP, Human Resources		Aggregate Year-to-Date 4676.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeanne K. Mason		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-152
Mailing Address 1760 Duffy Lane		Amount of Each Receipt this Period 180.77
City Bannockburn	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	
Occupation CVP, Human Resources		Aggregate Year-to-Date 4676.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	402.80
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 61 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kevin K. McCulloch
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Greenwood Ave
 City Wilmette State IL Zip Code 60091-1748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, Fluid Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-120
 Amount of Each Receipt this Period
10.00

B. Kevin K. McCulloch
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Greenwood Ave
 City Wilmette State IL Zip Code 60091-1748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation GFH, Fluid Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-120
 Amount of Each Receipt this Period
10.00

C. Daniel S. McRae
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 Redding Road
 City Atlanta State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-50
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 108
	<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. Daniel S. McRae
Full Name (Last, First, Middle Initial)

Mailing Address 2965 Redding Road

City Atlanta State GA Zip Code 30319

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

Name of Employer Baxter Healthcare Corporation Occupation Infusion System Sales Represen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 23 / 2011**

Transaction ID : 2012011792439-50

Amount of Each Receipt this Period **25.00**

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

Mailing Address 6320 Longwood Road

City Libertyville State IL Zip Code 60048-9447

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

Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 09 / 2011**

Transaction ID : 2011121310456-166

Amount of Each Receipt this Period **25.00**

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

Mailing Address 6320 Longwood Road

City Libertyville State IL Zip Code 60048-9447

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

Name of Employer BioLife Plasma L.L.C. Occupation Sr Dir, Reg Affairs & Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 23 / 2011**

Transaction ID : 2012011792439-167

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 108
<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. Donna Ann Meyer
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 215

City Mountain Home	State AR	Zip Code 72654
-----------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-53

Amount of Each Receipt this Period

10.00

B. Donna Ann Meyer
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 215

City Mountain Home	State AR	Zip Code 72654
-----------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-53

Amount of Each Receipt this Period

10.00

C. Barbara E. Morris
Full Name (Last, First, Middle Initial)
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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-19

Amount of Each Receipt this Period

10.00

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

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

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

FOR LINE NUMBER: PAGE 65 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 26w201 Tomahawk

City State Zip Code
 Wheaton IL 60189

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

Name of Employer Occupation
 Baxter Healthcare Corporation VP Sales, Nat Accts & Alt Site

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-63

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Shaun T. Newlon

Mailing Address 7211 Millburne Ct.

City State Zip Code
 Bull Valley IL 60050

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-14

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
c. Shaun T. Newlon

Mailing Address 7211 Millburne Ct.

City State Zip Code
 Bull Valley IL 60050

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-14

Amount of Each Receipt this Period
10.00

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 66 OF 108
(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. Peter J. O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 791 Summit Avenue
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-139
 Amount of Each Receipt this Period
 45.00

B. Peter J. O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 791 Summit Avenue
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-140
 Amount of Each Receipt this Period
 45.00

C. Stasia L. Ogden
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 W Cortland St
 City Chicago State IL Zip Code 60622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Assoc GC - IP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-83
 Amount of Each Receipt this Period
 20.00

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: (check only one)	PAGE 67 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stasia L. Ogden		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-83
Mailing Address 1750 W Cortland St		Amount of Each Receipt this Period 20.00
City Chicago	State IL	Zip Code 60622
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Assoc GC - IP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Parke		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-173
Mailing Address 439 Center Rd		Amount of Each Receipt this Period 10.00
City Ozark	State MO	Zip Code 65721
FEC ID number of contributing federal political committee. C		
Name of Employer BioLife Plasma L.L.C.	Occupation Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Parke		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-174
Mailing Address 439 Center Rd		Amount of Each Receipt this Period 10.00
City Ozark	State MO	Zip Code 65721
FEC ID number of contributing federal political committee. C		
Name of Employer BioLife Plasma L.L.C.	Occupation Regional Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy J. Pasternak		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-64
Mailing Address 1933 Oaktree Trl.		Amount of Each Receipt this Period 10.00
City Lake Villa	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Director, LCM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Timothy J. Pasternak		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-64
Mailing Address 1933 Oaktree Trl.		Amount of Each Receipt this Period 10.00
City Lake Villa	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Director, LCM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Jed M. Perry		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-105
Mailing Address 9078 Brook Ford Road		Amount of Each Receipt this Period 25.00
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. C	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 108
<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. Jed M. Perry
Full Name (Last, First, Middle Initial)

Mailing Address 9078 Brook Ford Road

City State Zip Code
Burke VA 22015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-105

Amount of Each Receipt this Period
25.00

B. Steven M. Pieper
Full Name (Last, First, Middle Initial)

Mailing Address 4241 N Leavitt

City State Zip Code
Chicago IL 60618

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

Name of Employer Occupation
BioLife Plasma L.L.C. Mgr II, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-168

Amount of Each Receipt this Period
10.00

C. Steven M. Pieper
Full Name (Last, First, Middle Initial)

Mailing Address 4241 N Leavitt

City State Zip Code
Chicago IL 60618

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

Name of Employer Occupation
BioLife Plasma L.L.C. Mgr II, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-169

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 70 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carla D. Pittman		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-116
Mailing Address 3933 Kenway Avenue		Amount of Each Receipt this Period 58.90
City Los Angeles	State CA	Zip Code 90008
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Sr Counsel		Aggregate Year-to-Date 1522.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carla D. Pittman		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-116
Mailing Address 3933 Kenway Avenue		Amount of Each Receipt this Period 58.90
City Los Angeles	State CA	Zip Code 90008
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Sr Counsel		Aggregate Year-to-Date 1522.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michelle A. Priefer		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-40
Mailing Address 305 S.Delphia Avenue		Amount of Each Receipt this Period 10.00
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Sr Dir, Mktg Exc - BioScience		Aggregate Year-to-Date 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	127.80
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 71 OF 108
	<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. Michelle A. Priefer
Full Name (Last, First, Middle Initial)

Mailing Address 305 S.Delphia Avenue

City Park Ridge State IL Zip Code 60068

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Mktg Exc - BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-40

Amount of Each Receipt this Period
 10.00

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

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 II, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 907.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-23

Amount of Each Receipt this Period
 35.07

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

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 II, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 907.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-23

Amount of Each Receipt this Period
 35.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Joseph A. Pudlo		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-25
Mailing Address 525 Trestle Court		Amount of Each Receipt this Period 20.00
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		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph A. Pudlo		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-25
Mailing Address 525 Trestle Court		Amount of Each Receipt this Period 20.00
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		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Julie A. Quick		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-182
Mailing Address 3223 Epstein Circle		Amount of Each Receipt this Period 22.40
City Mundelein	State IL	Zip Code 60060
FEC ID number of contributing federal political committee. C	Name of Employer BioLife Plasma L.L.C.	
Occupation Sr Mgr, Reg Affairs		Aggregate Year-to-Date ▼ 578.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	62.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 108
	<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. Julie A. Quick
Full Name (Last, First, Middle Initial)

Mailing Address 3223 Epstein Circle

City Mundelein State IL Zip Code 60060

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **578.62**

Date of Receipt **12 / 23 / 2011**

Transaction ID : 2012011792439-183

Amount of Each Receipt this Period **22.40**

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

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt **12 / 09 / 2011**

Transaction ID : 2011121310456-26

Amount of Each Receipt this Period **40.00**

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

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt **12 / 23 / 2011**

Transaction ID : 2012011792439-26

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **102.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Philip D. Rackliffe
Full Name (Last, First, Middle Initial)
Mailing Address 1545 McClellan Drive

City Lindenhurst	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation VP, Mkt - Nutrition
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-67

Amount of Each Receipt this Period

10.00

B. Philip D. Rackliffe
Full Name (Last, First, Middle Initial)
Mailing Address 1545 McClellan Drive

City Lindenhurst	State IL	Zip Code 60046
---------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation VP, Mkt - Nutrition
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : 2012011792439-67

Amount of Each Receipt this Period

10.00

C. G. Joseph Ray
Full Name (Last, First, Middle Initial)
Mailing Address 1677 Greene Ridge Drive

City Naperville	State IL	Zip Code 60565
--------------------	-------------	-------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation Sr Research Scientist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2011121310456-71

Amount of Each Receipt this Period

10.00

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

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

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

FOR LINE NUMBER: PAGE 75 OF 108
(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. G. Joseph Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1677 Greene Ridge Drive
 City Naperville State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Sr Research Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-71
 Amount of Each Receipt this Period
 10.00

B. Jeffrey G. Reading
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 Pawnee Crossing
 City Edmond State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-180
 Amount of Each Receipt this Period
 20.00

C. Jeffrey G. Reading
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 Pawnee Crossing
 City Edmond State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Dir, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-181
 Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 108
(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. Darwin Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3927 Corte Cancion
 City State Zip Code
 Thousand Oaks CA 91360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Plant Manager II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-39
 Amount of Each Receipt this Period
 20.00

B. Darwin Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3927 Corte Cancion
 City State Zip Code
 Thousand Oaks CA 91360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Plant Manager II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-39
 Amount of Each Receipt this Period
 20.00

C. Amanda L. Robinson
 Full Name (Last, First, Middle Initial)
 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 Corporation Dir, Marketing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-85
 Amount of Each Receipt this Period
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 108
<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. Amanda L. Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 6250 12th St

City Kenosha State WI Zip Code 53144

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-85

Amount of Each Receipt this Period
10.00

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

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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-38

Amount of Each Receipt this Period
10.00

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

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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-38

Amount of Each Receipt this Period
10.00

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

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

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

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

FOR LINE NUMBER: PAGE 78 OF 108
(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. Janet Rushton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 East Glade Road
 City Palatine State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Project Mgr, Supply Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-45
 Amount of Each Receipt this Period
 50.00

B. Janet Rushton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 East Glade Road
 City Palatine State IL Zip Code 60067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Project Mgr, Supply Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-45
 Amount of Each Receipt this Period
 50.00

C. Joseph Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 27928 Periwinkle Lane
 City Valencia State CA Zip Code 91354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 888.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-123
 Amount of Each Receipt this Period
 34.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.40
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 27928 Periwinkle Lane
 City Valencia State CA Zip Code 91354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **888.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-123
 Amount of Each Receipt this Period
34.40

B. Molly N. Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 10517 Joyceton Drive
 City Upper Marlboro State MD Zip Code 20774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Federal Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-132
 Amount of Each Receipt this Period
20.00

c. Molly N. Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 10517 Joyceton Drive
 City Upper Marlboro State MD Zip Code 20774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Federal Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-133
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	74.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2720.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-150

Amount of Each Receipt this Period
 105.46

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

Mailing Address 1419 W Berteau

City Chicago State IL Zip Code 60613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2720.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-151

Amount of Each Receipt this Period
 105.46

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

Mailing Address 18522 Roslin Ave

City Torrance State CA Zip Code 90504

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

Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 454.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-58

Amount of Each Receipt this Period
 17.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.49

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 81 OF 108
	<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. Kaissar Saade
Full Name (Last, First, Middle Initial)

Mailing Address 18522 Roslin Ave

City Torrance State CA Zip Code 90504

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

Name of Employer Baxter Healthcare Corporation Occupation Principal Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-58

Amount of Each Receipt this Period
17.57

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

Mailing Address 915 Ash Street

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1759.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-158

Amount of Each Receipt this Period
69.23

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

Mailing Address 915 Ash Street

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1759.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-159

Amount of Each Receipt this Period
69.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **156.03**

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 82 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ashish Sagrolikar		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-129
Mailing Address 1012 Alden Lane		Amount of Each Receipt this Period 15.00
City Buffalo Grove	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Sls & Mkt - US Hemophilia
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Ashish Sagrolikar		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-129
Mailing Address 1012 Alden Lane		Amount of Each Receipt this Period 15.00
City Buffalo Grove	State IL	Zip Code 60089
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation VP, Sls & Mkt - US Hemophilia
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) c. David P. Scharf		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-147
Mailing Address 931 Oak Street		Amount of Each Receipt this Period 105.77
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation CVP, General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.34	

SUBTOTAL of Receipts This Page (optional).....▶	135.77
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 83 OF 108
	<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. David P. Scharf
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2692.34**

Date of Receipt
 / /
Transaction ID : 2012011792439-148

Amount of Each Receipt this Period

B. Jessica A. Schreiner-Donnelly
Full Name (Last, First, Middle Initial)

Mailing Address 453 Gilbert Ave.

City Eau Claire State WI Zip Code 54701

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

Name of Employer BioLife Plasma L.L.C. Occupation Mgr I, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 / /
Transaction ID : 2011121310456-177

Amount of Each Receipt this Period

C. Jessica A. Schreiner-Donnelly
Full Name (Last, First, Middle Initial)

Mailing Address 453 Gilbert Ave.

City Eau Claire State WI Zip Code 54701

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

Name of Employer BioLife Plasma L.L.C. Occupation Mgr I, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 / /
Transaction ID : 2012011792439-178

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.77"/>
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 84 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1414 Laburnum Street

City McLean State VA Zip Code 22101

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-104

Amount of Each Receipt this Period
10.00

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

Mailing Address 1414 Laburnum Street

City McLean State VA Zip Code 22101

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-104

Amount of Each Receipt this Period
10.00

C. Keith W. Scruggs
Full Name (Last, First, Middle Initial)

Mailing Address Dir. Engineering 419 Willow Glen C Dir. Engineering

City Simi Valley State CA Zip Code 93065

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-42

Amount of Each Receipt this Period
10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 108
	<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. Keith W. Scruggs
Full Name (Last, First, Middle Initial)

Mailing Address Dir. Engineering 419 Willow Glen C
Dir. Engineering

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Baxter Healthcare Corporation Dir, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-42

Amount of Each Receipt this Period
10.00

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

Mailing Address 1621 Mission Hills Rd Unit 211
Apt 211

City State Zip Code
Northbrook IL 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1629.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-3

Amount of Each Receipt this Period
63.15

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

Mailing Address 1621 Mission Hills Rd Unit 211
Apt 211

City State Zip Code
Northbrook IL 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1629.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-3

Amount of Each Receipt this Period
63.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.30

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 86 OF 108
	<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. Jeffrey Allen Sexton
Full Name (Last, First, Middle Initial)

Mailing Address 19 Cochran View Drive

City Marion State NC Zip Code 28752

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

Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-74

Amount of Each Receipt this Period
12.52

B. Jeffrey Allen Sexton
Full Name (Last, First, Middle Initial)

Mailing Address 19 Cochran View Drive

City Marion State NC Zip Code 28752

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

Name of Employer Baxter Healthcare Corporation Occupation Supv II, Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **359.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-74

Amount of Each Receipt this Period
11.27

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

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 GFH, Hemophilia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-134

Amount of Each Receipt this Period
63.26

SUBTOTAL of Receipts This Page (optional)..... **87.05**

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 87 OF 108
	<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. John P. Shannon
Full Name (Last, First, Middle Initial)

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 GFH, Hemophilia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.44

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-135

Amount of Each Receipt this Period
 63.26

B. Shelley M. Shaw
Full Name (Last, First, Middle Initial)

Mailing Address 6145 N. Sheridan Rd. Unit 16A
Unit 16A

City Chicago State IL Zip Code 60660

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 12 / 09 / 2011
Transaction ID : 2011121310456-44

Amount of Each Receipt this Period
 10.00

C. Shelley M. Shaw
Full Name (Last, First, Middle Initial)

Mailing Address 6145 N. Sheridan Rd. Unit 16A
Unit 16A

City Chicago State IL Zip Code 60660

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 12 / 23 / 2011
Transaction ID : 2012011792439-44

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 108
	<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. Terry (John) Simmons
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Windhaven Road

City State Zip Code
Libertyville IL 60048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-128

Amount of Each Receipt this Period
15.00

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

Mailing Address 1013 Windhaven Road

City State Zip Code
Libertyville IL 60048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : 2012011792439-128

Amount of Each Receipt this Period
15.00

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

Mailing Address 66 Cooper Drive

City State Zip Code
Glastonbury CT 06033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
607.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 2011121310456-84

Amount of Each Receipt this Period
23.52

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 108
	<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. Lori E. Sims
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Drive

City Glastonbury State CT Zip Code 06033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **607.68**

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-84

Amount of Each Receipt this Period
23.52

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

Mailing Address 3307 Stonybrook Dr

City Anaheim State CA Zip Code 92804

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-52

Amount of Each Receipt this Period
10.00

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

Mailing Address 3307 Stonybrook Dr

City Anaheim State CA Zip Code 92804

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-52

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... **43.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Deirdre M. Smith

Mailing Address 159 Addison Road

City Riverside State IL Zip Code 60546

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Fluid Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-103

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Deirdre M. Smith

Mailing Address 159 Addison Road

City Riverside State IL Zip Code 60546

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Director, Fluid Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-103

Amount of Each Receipt this Period
10.00

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

Mailing Address 1555 Stratford

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter International Inc. Occupation Dir, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-152

Amount of Each Receipt this Period
15.51

SUBTOTAL of Receipts This Page (optional)..... **35.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1555 Stratford

City Deerfield State IL Zip Code 60015

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

Name of Employer Baxter International Inc. Occupation Dir, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-153

Amount of Each Receipt this Period
15.51

Full Name (Last, First, Middle Initial)
B. Kris C. Steelman

Mailing Address PO Box 2236

City Mountain Home State AR Zip Code 72654

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-47

Amount of Each Receipt this Period
10.00

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

Mailing Address PO Box 2236

City Mountain Home State AR Zip Code 72654

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

Name of Employer Baxter Healthcare Corporation Occupation Mgr II, Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-47

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **35.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Elizabeth F. Stoll		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-119
Mailing Address 3014 Greendale Dr		Amount of Each Receipt this Period 10.49
City Atlanta	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Mgr II, State Govt Affairs		Aggregate Year-to-Date ▼ 271.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth F. Stoll		Date of Receipt 12 / 23 / 2011 Transaction ID : 2012011792439-119
Mailing Address 3014 Greendale Dr		Amount of Each Receipt this Period 10.49
City Atlanta	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Mgr II, State Govt Affairs		Aggregate Year-to-Date ▼ 271.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth L. Stoltz		Date of Receipt 12 / 09 / 2011 Transaction ID : 2011121310456-99
Mailing Address 371 W. Sparrow Drive		Amount of Each Receipt this Period 10.00
City Chandler	State AZ	Zip Code 85286
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Sr Mgr, Healthcare Reimb		Aggregate Year-to-Date ▼ 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	30.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 108
<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. Elizabeth L. Stoltz
Full Name (Last, First, Middle Initial)

Mailing Address 371 W. Sparrow Drive

City Chandler State AZ Zip Code 85286

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Healthcare Reimb

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-99

Amount of Each Receipt this Period 10.00

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

Mailing Address 1028 Lindenleaf Drive

City Glenview State IL Zip Code 60025

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

Name of Employer Baxter Healthcare Corporation Occupation HyQ Launch Operations Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 09 / 2011
Transaction ID : 2011121310456-78

Amount of Each Receipt this Period 10.00

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

Mailing Address 1028 Lindenleaf Drive

City Glenview State IL Zip Code 60025

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

Name of Employer Baxter Healthcare Corporation Occupation HyQ Launch Operations Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 2012011792439-78

Amount of Each Receipt this Period 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 108
	<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. John S. Strokis
Full Name (Last, First, Middle Initial)

Mailing Address 616 Saxon Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **628.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-100

Amount of Each Receipt this Period
52.41

B. John S. Strokis
Full Name (Last, First, Middle Initial)

Mailing Address 616 Saxon Lane

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **628.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-100

Amount of Each Receipt this Period
52.41

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

Mailing Address 910 W Cypress Drive

City Arlington Heights State IL Zip Code 60005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 2011121310456-143

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	144.82
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 95 OF 108
(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. Donald J. Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 W Cypress Drive
 City State Zip Code
 Arlington Heights IL 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter International Inc. VP, Risk Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-144
 Amount of Each Receipt this Period
 40.00

B. Mathew A. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Everest Ave SE
 City State Zip Code
 Grand Rapids MI 49507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BioLife Plasma L.L.C. Plasma Center Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-176
 Amount of Each Receipt this Period
 10.00

C. Mathew A. Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Everest Ave SE
 City State Zip Code
 Grand Rapids MI 49507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BioLife Plasma L.L.C. Plasma Center Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-177
 Amount of Each Receipt this Period
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 416 W Oakwood Dr

City Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-1

Amount of Each Receipt this Period
25.00

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

Mailing Address 416 W Oakwood Dr

City Barrington State IL Zip Code 60010

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-1

Amount of Each Receipt this Period
25.00

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

Mailing Address 619 Oleander Drive

City Hallandale State FL Zip Code 33009

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2760.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-124

Amount of Each Receipt this Period
106.83

SUBTOTAL of Receipts This Page (optional).....▶	156.83
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 97 OF 108
	<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. Onelia Ann Vera
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 Oleander Drive
 City Hallandale State FL Zip Code 33009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2760.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-124
 Amount of Each Receipt this Period
 106.83

B. Trudy G. Vlahos
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Lakewood Lane
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-178
 Amount of Each Receipt this Period
 25.00

C. Trudy G. Vlahos
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Lakewood Lane
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BioLife Plasma L.L.C. Occupation Regional Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-179
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	156.83
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 98 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Christopher P. Vlautin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Beckett Drive
 City El Dorado Hills State CA Zip Code 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-80
 Amount of Each Receipt this Period
 20.00

B. Christopher P. Vlautin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Beckett Drive
 City El Dorado Hills State CA Zip Code 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-80
 Amount of Each Receipt this Period
 20.00

C. Cary N. Wauters
 Full Name (Last, First, Middle Initial)
 Mailing Address 9212 Creemore Drive
 City La Crescenta State CA Zip Code 91214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation Technical Services Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-101
 Amount of Each Receipt this Period
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cary N. Wauters
Full Name (Last, First, Middle Initial)

Mailing Address 9212 Creemore Drive

City La Crescenta State CA Zip Code 91214

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

Name of Employer Baxter Healthcare Corporation Occupation Technical Services Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-101

Amount of Each Receipt this Period
 10.00

B. John Alan Weiler
Full Name (Last, First, Middle Initial)

Mailing Address 3686 Blankenship Dr.

City Morganton State NC Zip Code 28655

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

Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-77

Amount of Each Receipt this Period
 20.00

C. John Alan Weiler
Full Name (Last, First, Middle Initial)

Mailing Address 3686 Blankenship Dr.

City Morganton State NC Zip Code 28655

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

Name of Employer Baxter Healthcare Corporation Occupation Plant Mgr I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-77

Amount of Each Receipt this Period
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 108
	<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. Thomas Westerkamp
Full Name (Last, First, Middle Initial)

Mailing Address 1844 Wilson Place

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Baxter Healthcare Corporation Mgr, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-30

Amount of Each Receipt this Period
10.00

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

Mailing Address 1844 Wilson Place

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer Occupation
Baxter Healthcare Corporation Mgr, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 2012011792439-30

Amount of Each Receipt this Period
10.00

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

Mailing Address 840 Paddock Lane

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Baxter Healthcare Corporation Director, Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 2011121310456-133

Amount of Each Receipt this Period
10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy White		Date of Receipt
Mailing Address 840 Paddock Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Libertyville	IL	60048
FEC ID number of contributing federal political committee.		Transaction ID : 2012011792439-134
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Director, Purchasing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ronald K. Wilson		Date of Receipt
Mailing Address 6800 Red Rock Road		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Amarillo	TX	79118
FEC ID number of contributing federal political committee.		Transaction ID : 2011121310456-87
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Renal Account Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald K. Wilson		Date of Receipt
Mailing Address 6800 Red Rock Road		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Amarillo	TX	79118
FEC ID number of contributing federal political committee.		Transaction ID : 2012011792439-87
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Renal Account Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="50.00"/>
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 102 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carl Wilt		Date of Receipt
Mailing Address 38465 N Burr Oak Ln		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Wadsworth	IL	60083
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Baxter Healthcare Corporation	VP I, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	
		Transaction ID : 2011121310456-35
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. Carl Wilt		Date of Receipt
Mailing Address 38465 N Burr Oak Ln		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Wadsworth	IL	60083
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Baxter Healthcare Corporation	VP I, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	
		Transaction ID : 2012011792439-35
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. Scott W. Woidtke		Date of Receipt
Mailing Address 926 6TH ST SE		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
East Grand Forks	MN	56721
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
BioLife Plasma L.L.C.	Regional Operations Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="227.42"/>	
		Transaction ID : 2011121310456-169
		Amount of Each Receipt this Period
		<input type="text" value="8.80"/>

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="58.80"/>
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 103 OF 108
	<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. Scott W. Woidtke
Full Name (Last, First, Middle Initial)

Mailing Address 926 6TH ST SE

City East Grand Forks State MN Zip Code 56721

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-170

Amount of Each Receipt this Period
8.80

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

Mailing Address Baxter Healthcare Corp. One Baxter
Baxter Healthcare Corp.

City Deerfield State IL Zip Code 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1370.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-90

Amount of Each Receipt this Period
53.15

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

Mailing Address Baxter Healthcare Corp. One Baxter
Baxter Healthcare Corp.

City Deerfield State IL Zip Code 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1370.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-90

Amount of Each Receipt this Period
53.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.10**

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 104 OF 108
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dennis Young

Mailing Address 591 Bluegrass St

City State Zip Code
 Simi Valley CA 93065

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

Name of Employer Occupation
 BioLife Plasma L.L.C. VP II, Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-181

Amount of Each Receipt this Period
 10.00

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

Mailing Address 591 Bluegrass St

City State Zip Code
 Simi Valley CA 93065

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

Name of Employer Occupation
 BioLife Plasma L.L.C. VP II, Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 2012011792439-182

Amount of Each Receipt this Period
 10.00

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

Mailing Address 436 Linden Street

City State Zip Code
 Winnetka IL 60093

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

Name of Employer Occupation
 Baxter International Inc. VP, Financial Planning

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2011121310456-156

Amount of Each Receipt this Period
 10.00

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

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

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

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

FOR LINE NUMBER: PAGE 105 OF 108
(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)
Todd S. Young

Mailing Address 436 Linden Street

City State Zip Code
 Winnetka IL 60093

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

Name of Employer Occupation
 Baxter International Inc. VP, Financial Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : 2012011792439-157

Amount of Each Receipt this Period
 10.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	9240.59

**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

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name
Kevin Brady

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : F82A1577652B9DBAEBBC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Butterfield for Congress

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name
G. K. Butterfield

Office Sought: House
 Senate
 President
State: NC District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : C4820C84ED9AC15D6C9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name
Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : D2DA9F8227F0E3563AA

Amount of Each Disbursement this Period

500.00

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

4000.00

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

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 General

Category/
Type

Candidate Name

Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Transaction ID : 5CDBF1A6E3574164C0D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Scott Conklin

Mailing Address 339 Kepp Road

City Philipsburg State PA Zip Code 16866

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2011

Transaction ID : 4B0B27C8A812054B5E2

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

500.00

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

500.00
