

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		106266.76
(b) Cash on Hand at Beginning of Reporting Period.....	106184.36	
(c) Total Receipts (from Line 19)	10630.17	32047.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	116814.53	138314.53
7. Total Disbursements (from Line 31).....	72000.00	93500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44814.53	44814.53
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6811.94	13383.34
(ii) Unitemized	3818.23	18664.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10630.17	32047.77
(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)	10630.17	32047.77
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))..... ▶	10630.17	32047.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10630.17	32047.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	93500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72000.00	93500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72000.00	93500.00

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)	10630.17	32047.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10630.17	32047.77
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 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-143

Amount of Each Receipt this Period

100.00

B. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-142

Amount of Each Receipt this Period

100.00

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

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 ▼ **280.17**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-163

Amount of Each Receipt this Period

46.50

SUBTOTAL of Receipts This Page (optional).....▶	246.50
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 7 OF 39
	<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		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 Transaction ID : 20120402132220-162
Mailing Address 101 N E 3rd Avenue, Ste 1600 Ste 1600		Amount of Each Receipt this Period 47.67
City Ft Lauderdale	State Zip Code FL 33301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.17
Name of Employer Baxter Export Corporation	Occupation VP, Mfg - LAC Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Susan K Brown		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : 2012040211542-14
Mailing Address 917 Geneva St		Amount of Each Receipt this Period 75.00
City Glendale	State Zip Code CA 91207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 424.43
Name of Employer Baxter Healthcare Corporation	Occupation VP, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Susan K Brown		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 Transaction ID : 20120402132220-14
Mailing Address 917 Geneva St		Amount of Each Receipt this Period 75.00
City Glendale	State Zip Code CA 91207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 424.43
Name of Employer Baxter Healthcare Corporation	Occupation VP, Manufacturing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	197.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<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. Sebastian J Bufalino		Date of Receipt 03 / 16 / 2012 Transaction ID : 2012040211542-153
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 ▼ 328.35	

Full Name (Last, First, Middle Initial) B. Sebastian J Bufalino		Date of Receipt 03 / 30 / 2012 Transaction ID : 20120402132220-152
Mailing Address 1091 Pine Meadow Ct		Amount of Each Receipt this Period 55.95
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 ▼ 328.35	

Full Name (Last, First, Middle Initial) C. Mark Coin		Date of Receipt 03 / 16 / 2012 Transaction ID : 2012040211542-114
Mailing Address 1006 S Street NW		Amount of Each Receipt this Period 42.31
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.92	

SUBTOTAL of Receipts This Page (optional).....▶	152.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 39
	(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"/> 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. Mark Coin		Date of Receipt
Mailing Address 1006 S Street NW		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20001		Transaction ID : 20120402132220-114
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse		<input type="text" value="43.37"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="254.92"/>	

Full Name (Last, First, Middle Initial) B. Sarah L Creviston		Date of Receipt
Mailing Address 23 Wynstone Way		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City North Barrington State IL Zip Code 60010		Transaction ID : 2012040211542-121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs		<input type="text" value="110.56"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="666.13"/>	

Full Name (Last, First, Middle Initial) C. Sarah L Creviston		Date of Receipt
Mailing Address 23 Wynstone Way		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City North Barrington State IL Zip Code 60010		Transaction ID : 20120402132220-121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs		<input type="text" value="113.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="666.13"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="267.26"/>
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 10 OF 39
	<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. Margarita Cruz-casse			Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : 2012040211542-181
Mailing Address Maga #120 Mansiones Los Cedros			Amount of Each Receipt this Period 54.51
City Cayey	State PR	Zip Code 00736	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 328.70
Name of Employer Baxter		Occupation Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Margarita Cruz-casse			Date of Receipt MM / DD / YYYY 03 / 30 / 2012 Transaction ID : 20120402132220-180
Mailing Address Maga #120 Mansiones Los Cedros			Amount of Each Receipt this Period 56.15
City Cayey	State PR	Zip Code 00736	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 328.70
Name of Employer Baxter		Occupation Dir, Logistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert M Davis			Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : 2012040211542-40
Mailing Address 21515 Hummingbird Court			Amount of Each Receipt this Period 201.92
City Kildeer	State IL	Zip Code 60047	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1153.84
Name of Employer Baxter Healthcare Corporation		Occupation CVP, President - Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	312.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 39
	(check only one)
<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"/>	<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter Healthcare Corporation	Occupation CVP, President - Med Products
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-40

Amount of Each Receipt this Period
201.92

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

Mailing Address 2330 West Course Drive

City Riverwoods	State IL	Zip Code 60015
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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 ▼
275.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-88

Amount of Each Receipt this Period
45.70

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

Mailing Address 2330 West Course Drive

City Riverwoods	State IL	Zip Code 60015
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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 ▼
275.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-88

Amount of Each Receipt this Period
46.84

SUBTOTAL of Receipts This Page (optional).....	294.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
<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. Paul D Estrem
Full Name (Last, First, Middle Initial)

Mailing Address 325 Clarewood Circle

City Grayslake State IL Zip Code 60030

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 16 / 2012**

Transaction ID : 2012040211542-36

Amount of Each Receipt this Period **50.00**

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

Mailing Address 325 Clarewood Circle

City Grayslake State IL Zip Code 60030

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 30 / 2012**

Transaction ID : 20120402132220-36

Amount of Each Receipt this Period **50.00**

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

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 ▼ **475.38**

Date of Receipt **03 / 16 / 2012**

Transaction ID : 2012040211542-58

Amount of Each Receipt this Period **78.85**

SUBTOTAL of Receipts This Page (optional)..... **178.85**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 39
(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. Valery E Gallagher
 Mailing Address 14334 Spring Meadow Court
 City State Zip Code
 Green Oaks IL 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, State Government Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012
Transaction ID : 20120402132220-58
 Amount of Each Receipt this Period
 81.13

Full Name (Last, First, Middle Initial)
B. Arthur J Gibson
 Mailing Address 3775 Riveryly 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 ▼
 343.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : 2012040211542-48
 Amount of Each Receipt this Period
 56.85

Full Name (Last, First, Middle Initial)
C. Arthur J Gibson
 Mailing Address 3775 Riveryly 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 ▼
 343.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2012
Transaction ID : 20120402132220-48
 Amount of Each Receipt this Period
 58.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 196.82
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: (check only one)	PAGE 14 OF 39
	<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 470 E Broadway

City Haverhill State MA Zip Code 01830

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-92

Amount of Each Receipt this Period
50.00

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

Mailing Address 470 E Broadway

City Haverhill State MA Zip Code 01830

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-92

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Timber Woods 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 Director, New Product Intro

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-74

Amount of Each Receipt this Period
67.61

SUBTOTAL of Receipts This Page (optional)..... ▶ **167.61**

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: (check only one)	PAGE 15 OF 39
	<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. Andrew C Hayes		Date of Receipt 03 / 30 / 2012 Transaction ID : 20120402132220-74
Mailing Address 1620 Timber Woods Lane		Amount of Each Receipt this Period 67.61
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Sr Director, New Product Intro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.66	

Full Name (Last, First, Middle Initial) B. Leslie J Herzog		Date of Receipt 03 / 30 / 2012 Transaction ID : 20120402132220-96
Mailing Address 816 Moseley Rd.		Amount of Each Receipt this Period 34.13
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Clinical Data Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.93	

Full Name (Last, First, Middle Initial) C. Irene P Jakimcius		Date of Receipt 03 / 16 / 2012 Transaction ID : 2012040211542-146
Mailing Address 2208 Wesley Ave.		Amount of Each Receipt this Period 85.98
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 518.45	

SUBTOTAL of Receipts This Page (optional).....▶	187.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
<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. 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 ▼ **518.45**

Date of Receipt **03 / 30 / 2012**
Transaction ID : 20120402132220-145
Amount of Each Receipt this Period **88.55**

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, Credit & Leasing Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **289.74**

Date of Receipt **03 / 16 / 2012**
Transaction ID : 2012040211542-139
Amount of Each Receipt this Period **48.09**

C. 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, Credit & Leasing Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **289.74**

Date of Receipt **03 / 30 / 2012**
Transaction ID : 20120402132220-138
Amount of Each Receipt this Period **49.29**

SUBTOTAL of Receipts This Page (optional).....▶	185.93
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 17 OF 39
	<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 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 ▼
243.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-123

Amount of Each Receipt this Period
40.41

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

Mailing Address 130 W Lincoln Ave

City Libertyville	State IL	Zip Code 60048
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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 ▼
243.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-123

Amount of Each Receipt this Period
41.58

C. 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 ▼
328.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-126

Amount of Each Receipt this Period
53.85

SUBTOTAL of Receipts This Page (optional).....▶	135.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
<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. 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 ▼ **328.61**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-126

Amount of Each Receipt this Period

59.36

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

Mailing Address 1240 S Walnut

City Arlington Heights	State IL	Zip Code 60005
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-128

Amount of Each Receipt this Period

50.00

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

Mailing Address 1240 S Walnut

City Arlington Heights	State IL	Zip Code 60005
---------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-128

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	159.36
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 20 OF 39
	<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. Edward A Langan		Date of Receipt 03 / 30 / 2012 Transaction ID : 20120402132220-2
Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

Full Name (Last, First, Middle Initial) B. Betty D Larson		Date of Receipt 03 / 16 / 2012 Transaction ID : 2012040211542-111
Mailing Address 21334 Andover Road		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00

Full Name (Last, First, Middle Initial) C. Betty D Larson		Date of Receipt 03 / 30 / 2012 Transaction ID : 20120402132220-111
Mailing Address 21334 Andover Road		Amount of Each Receipt this Period 52.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00

SUBTOTAL of Receipts This Page (optional).....▶	177.00
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 39
<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. Timothy P Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 876 Writer CT

City Vernon Hills	State IL	Zip Code 60061
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : 2012040211542-118

Amount of Each Receipt this Period
72.12

B. Timothy P Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 876 Writer CT

City Vernon Hills	State IL	Zip Code 60061
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-118

Amount of Each Receipt this Period
74.35

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 20120402132220-93

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	186.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
<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
Mailing Address 2 W. Delaware Pl #2603 Unit 2603		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2012040211542-33
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation GM, US BioScience		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. Ronald K Lloyd		Date of Receipt
Mailing Address 2 W. Delaware Pl #2603 Unit 2603		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120402132220-33
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation GM, US BioScience		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) C. Michael E Martin		Date of Receipt
Mailing Address 10680 Red Leaf Circle		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Lakewood	State IL	Zip Code 60014
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2012040211542-17
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation VP, Mfg Strategy- Med Products		<input type="text" value="41.26"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="248.72"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="141.26"/>
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 39
	<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 E Martin
Full Name (Last, First, Middle Initial)

Mailing Address 10680 Red Leaf Circle

City State Zip Code
Lakewood IL 60014

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 ▼
248.72

Date of Receipt
03 / 30 / 2012
Transaction ID : 20120402132220-17

Amount of Each Receipt this Period
42.42

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

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1107.70

Date of Receipt
03 / 16 / 2012
Transaction ID : 2012040211542-148

Amount of Each Receipt this Period
192.31

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

Mailing Address 1760 Duffy Lane

City State Zip Code
Bannockburn IL 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1107.70

Date of Receipt
03 / 30 / 2012
Transaction ID : 20120402132220-147

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 427.04

TOTAL This Period (last page this line 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 39
	<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. Gregory C Neier
Full Name (Last, First, Middle Initial)

Mailing Address 26w201 Tomahawk

City Wheaton State IL Zip Code 60189

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-62

Amount of Each Receipt this Period
50.00

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

Mailing Address 26w201 Tomahawk

City Wheaton State IL Zip Code 60189

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-62

Amount of Each Receipt this Period
50.00

C. 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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-136

Amount of Each Receipt this Period
45.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
	<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. 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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-135

Amount of Each Receipt this Period
45.00

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

Mailing Address 1332 Edgewood Lane

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-152

Amount of Each Receipt this Period
561.54

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

Mailing Address 1332 Edgewood Lane

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-151

Amount of Each Receipt this Period
561.54

SUBTOTAL of Receipts This Page (optional)..... **1168.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<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. Linda J. Peters
Full Name (Last, First, Middle Initial)
Mailing Address 14866 Sanctuary Ln
City Mettawa State IL Zip Code 60048-9611
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, RA - Med Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 16 / 2012**
Transaction ID : 2012040211542-22
Amount of Each Receipt this Period **100.00**

B. Linda J. Peters
Full Name (Last, First, Middle Initial)
Mailing Address 14866 Sanctuary Ln
City Mettawa State IL Zip Code 60048-9611
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, RA - Med Products
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 30 / 2012**
Transaction ID : 20120402132220-22
Amount of Each Receipt this Period **100.00**

C. Carla D Pittman
Full Name (Last, First, Middle Initial)
Mailing Address 3933 Kenway Avenue
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
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **354.87**

Date of Receipt **03 / 16 / 2012**
Transaction ID : 2012040211542-113
Amount of Each Receipt this Period **58.90**

SUBTOTAL of Receipts This Page (optional)..... **258.90**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 39
	(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. Carla D Pittman
Full Name (Last, First, Middle Initial)

Mailing Address 3933 Kenway Avenue

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-113

Amount of Each Receipt this Period
60.37

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-25

Amount of Each Receipt this Period
40.00

C. 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 M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-44

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **150.37**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<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. 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
03 / 30 / 2012
Transaction ID : 20120402132220-44

Amount of Each Receipt this Period
50.00

B. 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 ▼ 207.40

Date of Receipt
03 / 30 / 2012
Transaction ID : 20120402132220-119

Amount of Each Receipt this Period
35.40

C. 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 ▼ 635.92

Date of Receipt
03 / 16 / 2012
Transaction ID : 2012040211542-147

Amount of Each Receipt this Period
105.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.86

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 29 OF 39
	<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 ▼ **635.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-146

Amount of Each Receipt this Period
108.62

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 ▼ **419.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-156

Amount of Each Receipt this Period
71.15

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 ▼ **419.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-155

Amount of Each Receipt this Period
71.15

SUBTOTAL of Receipts This Page (optional)..... **250.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 39
	<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 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 ▼ **661.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012
Transaction ID : 2012040211542-144

Amount of Each Receipt this Period
119.23

B. 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 ▼ **661.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012
Transaction ID : 20120402132220-143

Amount of Each Receipt this Period
119.23

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

Mailing Address 1621 Mission Hills Rd Unit 211 Apt 211

City Northbrook State IL Zip Code 60062

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 ▼ **381.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012
Transaction ID : 2012040211542-3

Amount of Each Receipt this Period
63.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **301.61**

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: (check only one)	PAGE 31 OF 39
	<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. Chandra Sekhar
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Mission Hills Rd Unit 211
Apt 211

City Northbrook State IL Zip Code 60062

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 ▼ **381.11**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-3

Amount of Each Receipt this Period
65.36

B. 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 ▼ **303.65**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 2012040211542-131

Amount of Each Receipt this Period
50.61

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 ▼ **240.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 20120402132220-139

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... **155.97**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
	<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 ▼ **644.18**

Date of Receipt **03 / 16 / 2012**
Transaction ID : 2012040211542-120
Amount of Each Receipt this Period **106.83**

B. 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 ▼ **644.18**

Date of Receipt **03 / 30 / 2012**
Transaction ID : 20120402132220-120
Amount of Each Receipt this Period **110.03**

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 ▼ **320.44**

Date of Receipt **03 / 16 / 2012**
Transaction ID : 2012040211542-89
Amount of Each Receipt this Period **53.15**

SUBTOTAL of Receipts This Page (optional)..... **270.01**
TOTAL This Period (last page this line 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 33 OF 39
(check only one)

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

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

A. 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 ▼ **320.44**

Date of Receipt
03 / 30 / 2012

Transaction ID : 20120402132220-89

Amount of Each Receipt this Period
54.69

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	54.69
TOTAL This Period (last page this line number only).....▶	6811.94

**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. Building Relationships in Diverse Geographic Environments PAC (BRIDGE PAC)

Mailing Address 499 South Capitol St SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Contribution

011

Candidate Name
Building Relationships in Diverse Geographic Environments PAC (BRIDGE PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

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

Transaction ID : 9591F06EBC40E5B8363

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2012 Contribution

011

Candidate Name
Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

Transaction ID : 261CEADCE5D0E7202B9

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Congressional Black Caucus PAC

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2012 Contribution

011

Candidate Name
Congressional Black Caucus PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

Transaction ID : 12DC654D1DBB433286F

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2012

Mailing Address 430 South Capitol Street, SE
2nd Floor

Transaction ID : C877B30557B9F98DDB7

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2012 Contribution

011
Category/ Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2012

Mailing Address 120 Maryland Ave NE

Transaction ID : 261825E4255F7A6E5F4

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2012 Contribution

011
Category/ Type

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

C. Every Republican Is Crucial (ERICPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2012

Mailing Address 25 E Main Street
Suite 200

Transaction ID : C4D322F12C0367B393E

City Richmond State VA Zip Code 23219

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2012 Contribution

011
Category/ Type

Candidate Name

Every Republican Is Crucial (ERICPAC)

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

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

25000.00

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

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**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. Friends of Bennie Thompson

Mailing Address PO Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement
2012 Primary

011

Candidate Name

Bennie G. Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2012

Transaction ID : **BE86755379C3DCD1303**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John D. Dingell for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Primary

011

Candidate Name

John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : **A3298FA455230CE6E8B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
2012 Primary

011

Candidate Name

Michael Clifton Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : **124D2B154DDD5725B80**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Contribution

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

Transaction ID : 45D81497E12E795D778

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2012 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

Transaction ID : 50557B0E2614D2B0BE2

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition Political Action Committee Aka Ndc PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

New Democrat Coalition Political Action Committee Aka Ndc PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	2

Transaction ID : D4ADBFC840382E36116

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	5	0	0	0	0	0	0	0	0
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**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. Pallone for Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name

Frank Pallone Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : EA9BDB2BFF245DD8BEE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richmond for Congress

Mailing Address 1631 Elysian Fields
Suite 150

City State Zip Code
New Orleans LA 70126

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name

Cedric Richmond

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : 4E49A29EEFF37D2E643

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Van Hollen for Congress

Mailing Address 10537 St. Paul St.

City State Zip Code
Kensington MD 20895

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name

Chris Van Hollen

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : 840ABEAFFBE003FEF88

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

Use separate schedule(s)
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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. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
2012 General

011

Candidate Name

John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : 18C4B5F3C1DE531EC41

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

72000.00