



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Baxter Healthcare Corporation Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="56284.59"/>	<input type="text" value="56284.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32314.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6432.16"/>	<input type="text" value="97818.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="38747.00"/>	<input type="text" value="154103.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6500.00"/>	<input type="text" value="121856.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32247.00"/>	<input type="text" value="32247.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Baxter Healthcare Corporation Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5548.92	56841.54
(ii) Unitemized .....	883.24	40977.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6432.16	97818.79
(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) .....	6432.16	97818.79
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))..... ▶	6432.16	97818.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6432.16	97818.79

**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	8856.38
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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 .....	6500.00	19500.00
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)) ..	6500.00	121856.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	121856.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6432.16	97818.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6432.16	97818.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Regina Atkins**  
 Mailing Address 2133 Silver Linden Ln  
 City State Zip Code  
 Buffalo Grove IL 60089-6631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 391.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-112**  
 Amount of Each Receipt this Period  
 21.84

Full Name (Last, First, Middle Initial)  
**B. Regina Atkins**  
 Mailing Address 2133 Silver Linden Ln  
 City State Zip Code  
 Buffalo Grove IL 60089-6631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 391.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-126**  
 Amount of Each Receipt this Period  
 21.84

Full Name (Last, First, Middle Initial)  
**C. Michael J Baughman**  
 Mailing Address 5343 N Lakewood Ave  
 City State Zip Code  
 Chicago IL 60640-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation VP, Finance - Med Products  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-127**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 5343 N Lakewood Ave

City State Zip Code  
 Chicago IL 60640-2208

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-139**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. William Kevin Beckham**

Mailing Address 1224 Grace Ln

City State Zip Code  
 Mountain Home AR 72653-5604

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, Manufacturing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-6**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. William Kevin Beckham**

Mailing Address 1224 Grace Ln

City State Zip Code  
 Mountain Home AR 72653-5604

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, Manufacturing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-10**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mariko Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1772 Dryden Way  
 City Crofton State MD Zip Code 21114-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-19**  
 Amount of Each Receipt this Period  
 15.00

**B. Mariko Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1772 Dryden Way  
 City Crofton State MD Zip Code 21114-1436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-17**  
 Amount of Each Receipt this Period  
 15.00

**C. Edwin A Betancourt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2704 Oakmont Ct  
 City Weston State FL Zip Code 33332-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Export Corporation Occupation VP, Ops - MP LA Area  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1224.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-12**  
 Amount of Each Receipt this Period  
 55.97

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2704 Oakmont Ct

City Weston State FL Zip Code 33332-1834

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1224.08**

Date of Receipt **10 / 23 / 2015**

**Transaction ID : 2015110310024-19**

Amount of Each Receipt this Period **55.97**

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

Mailing Address 5172 Ohio St

City Yorba Linda State CA Zip Code 92886-4115

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

Name of Employer Baxter Healthcare Corporation Occupation Sr. Dir, Program Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 09 / 2015**

**Transaction ID : 20151014105123-11**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 5172 Ohio St

City Yorba Linda State CA Zip Code 92886-4115

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

Name of Employer Baxter Healthcare Corporation Occupation Sr. Dir, Program Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 23 / 2015**

**Transaction ID : 2015110310024-11**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.97**

**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 10 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO Box 747  
BAXTER EXPAT ADMIN

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
10 / 09 / 2015  
Transaction ID : 20151014105123-84

Amount of Each Receipt this Period  
25.00

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

Mailing Address PO Box 747  
BAXTER EXPAT ADMIN

City Deerfield State IL Zip Code 60015-0747

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

Name of Employer Baxter World Trade Corporation Occupation Away on Assignment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
10 / 23 / 2015  
Transaction ID : 2015110310024-99

Amount of Each Receipt this Period  
25.00

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

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
10 / 09 / 2015  
Transaction ID : 20151014105123-90

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 315 Park Dr

City Palatine State IL Zip Code 60067-7732

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Business HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-105**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-44**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 242 W Waltann Ln

City Phoenix State AZ Zip Code 85023-3666

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-119**

Amount of Each Receipt this Period  
**20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 15 Manitoba Woods Ln

City State Zip Code  
Spencerport NY 14559-2405

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 ▼  
440.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-175**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 15 Manitoba Woods Ln

City State Zip Code  
Spencerport NY 14559-2405

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 ▼  
440.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-164**

Amount of Each Receipt this Period  
20.00

**C. Tywnia Brewton**  
Full Name (Last, First, Middle Initial)

Mailing Address 36214 N Back Bay Ct

City State Zip Code  
Gurnee IL 60031-4505

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

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Mgr, Business HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-42**

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 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tywnia Brewton**  
Full Name (Last, First, Middle Initial)

Mailing Address 36214 N Back Bay Ct

City Gurnee State IL Zip Code 60031-4505

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Mgr, Business HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-117**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 1091 Pine Meadow Ct

City Vernon Hills State IL Zip Code 60061-2572

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1578.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-110**

Amount of Each Receipt this Period  
 72.12

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

Mailing Address 1091 Pine Meadow Ct

City Vernon Hills State IL Zip Code 60061-2572

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1578.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-124**

Amount of Each Receipt this Period  
 72.12

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Joseph J Burkard**  
Full Name (Last, First, Middle Initial)

Mailing Address 26W600 Churchill Rd

City Winfield State IL Zip Code 60190-2112

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Global IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-169**

Amount of Each Receipt this Period  
 10.00

**B. Joseph J Burkard**  
Full Name (Last, First, Middle Initial)

Mailing Address 26W600 Churchill Rd

City Winfield State IL Zip Code 60190-2112

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Global IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-158**

Amount of Each Receipt this Period  
 10.00

**C. Gavin Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 14295 W Lyle Ct

City Libertyville State IL Zip Code 60048-4835

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Marketing - US BGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-85**

Amount of Each Receipt this Period  
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Gavin Campbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14295 W Lyle Ct  
City Libertyville State IL Zip Code 60048-4835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Marketing - US BGR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : 2015110310024-100**  
Amount of Each Receipt this Period **100.00**

**B. Laureen Marie Cassidy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Dewes St  
City Glenview State IL Zip Code 60025-4301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation VP, Corporate Communications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **10 / 09 / 2015**  
**Transaction ID : 20151014105123-98**  
Amount of Each Receipt this Period **25.00**

**C. Laureen Marie Cassidy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1721 Dewes St  
City Glenview State IL Zip Code 60025-4301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation VP, Corporate Communications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : 2015110310024-112**  
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 16 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 120 Roslyn Rd

City Barrington State IL Zip Code 60010-2825

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 ▼ 220.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-166**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 120 Roslyn Rd

City Barrington State IL Zip Code 60010-2825

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 ▼ 220.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-166**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 1255 Town Center Rd Unit 3Q

City Vernon Hills State IL Zip Code 60061-4194

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

Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-120**

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: PAGE 17 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1255 Town Center Rd  
 Unit 3Q

City State Zip Code  
 Vernon Hills IL 60061-4194

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

Name of Employer Occupation  
 Baxter Healthcare Corporation Sr Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-134**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1006 S St NW

City State Zip Code  
 Washington DC 20001-5073

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-17**

Amount of Each Receipt this Period  
 48.07

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

Mailing Address 1006 S St NW

City State Zip Code  
 Washington DC 20001-5073

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-15**

Amount of Each Receipt this Period  
 48.07

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 146.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Margarita Cruz-casse</b>		Date of Receipt
Mailing Address 153 Calle Violeta		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City San Juan State PR Zip Code 00927-6208		<b>Transaction ID : 20151014105123-2</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Baxter Dir, Logistics		<input type="text" value="59.09"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1294.22"/>	

Full Name (Last, First, Middle Initial) <b>B. Margarita Cruz-casse</b>		Date of Receipt
Mailing Address 153 Calle Violeta		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City San Juan State PR Zip Code 00927-6208		<b>Transaction ID : 2015110310024-2</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Baxter Dir, Logistics		<input type="text" value="59.09"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1294.22"/>	

Full Name (Last, First, Middle Initial) <b>c. Charles W Cush</b>		Date of Receipt
Mailing Address 815 N Webster St		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Naperville State IL Zip Code 60563-3059		<b>Transaction ID : 20151014105123-94</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Baxter Healthcare Corporation VP, Marketing - Nutrition		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="128.18"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Charles W Cush**  
Full Name (Last, First, Middle Initial)  
Mailing Address 815 N Webster St  
City Naperville State IL Zip Code 60563-3059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Marketing - Nutrition  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : 2015110310024-109**  
Amount of Each Receipt this Period **100.00**

**B. Salvatore S Dadouche**  
Full Name (Last, First, Middle Initial)  
Mailing Address 868 Interlaken Dr  
City Lake Zurich State IL Zip Code 60047-1338  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 09 / 2015**  
**Transaction ID : 20151014105123-46**  
Amount of Each Receipt this Period **20.00**

**C. Salvatore S Dadouche**  
Full Name (Last, First, Middle Initial)  
Mailing Address 868 Interlaken Dr  
City Lake Zurich State IL Zip Code 60047-1338  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Comp, Benefits & HR Ops  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 23 / 2015**  
**Transaction ID : 2015110310024-37**  
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 20 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8931 Sunflower Ave

City	State	Zip Code
Rancho Cucamonga	CA	91701-2751

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 20151014105123-106**

Amount of Each Receipt this Period  

10.00
-------

**B. Jeffrey B Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8931 Sunflower Ave

City	State	Zip Code
Rancho Cucamonga	CA	91701-2751

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 2015110310024-120**

Amount of Each Receipt this Period  

10.00
-------

**C. Lawrence E Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8768 Gum Tree Cv

City	State	Zip Code
Cordova	TN	38018-7659

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Mgr II, Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 20151014105123-177**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence E Davis</b>		Date of Receipt
Mailing Address 8768 Gum Tree Cv		M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015
City	State	Zip Code
Cordova	TN	38018-7659
FEC ID number of contributing federal political committee.		Transaction ID : 2015110310024-169
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		10.00
Name of Employer	Occupation	
Baxter Healthcare Corporation	Mgr II, Quality	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		220.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathryn T Edinger</b>		Date of Receipt
Mailing Address 1122 N Clark St Apt 3810		M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015
City	State	Zip Code
Chicago	IL	60610-2898
FEC ID number of contributing federal political committee.		Transaction ID : 20151014105123-117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		18.65
Name of Employer	Occupation	
Baxter Healthcare Corporation	National Sales Director, ICNet	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		375.74
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kathryn T Edinger</b>		Date of Receipt
Mailing Address 1122 N Clark St Apt 3810		M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015
City	State	Zip Code
Chicago	IL	60610-2898
FEC ID number of contributing federal political committee.		Transaction ID : 2015110310024-131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		18.65
Name of Employer	Occupation	
Baxter Healthcare Corporation	National Sales Director, ICNet	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		375.74
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Jodie L Ehler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 6th Lane Fi  
 City State Zip Code  
 Fox Island WA 98333-9772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation RM, MD Portfolio  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-37**  
 Amount of Each Receipt this Period  
 10.00

**B. Jodie L Ehler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 6th Lane Fi  
 City State Zip Code  
 Fox Island WA 98333-9772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation RM, MD Portfolio  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-48**  
 Amount of Each Receipt this Period  
 10.00

**C. Denise Marie Ehnen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8871 Little Creek Dr  
 City State Zip Code  
 Roseville CA 95661-5966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation RM, MD IS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-24**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Denise Marie Ehnen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8871 Little Creek Dr  
 City Roseville State CA Zip Code 95661-5966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation RM, MD IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-29**  
 Amount of Each Receipt this Period  
 20.00

**B. Eric K Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7402 Swan Ranch Ln  
 City Richmond State TX Zip Code 77407-5477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Pharmacy Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-40**  
 Amount of Each Receipt this Period  
 10.00

**C. Eric K Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7402 Swan Ranch Ln  
 City Richmond State TX Zip Code 77407-5477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Pharmacy Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-51**  
 Amount of Each Receipt this Period  
 10.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 189 Lions Ct

City State Zip Code  
 Lake Zurich IL 60047-7012

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

Name of Employer Occupation  
 Baxter International Inc. Sr Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 20151014105123-143**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 189 Lions Ct

City State Zip Code  
 Lake Zurich IL 60047-7012

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

Name of Employer Occupation  
 Baxter International Inc. Sr Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : 2015110310024-57**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 746 S River Rd

City State Zip Code  
 Naperville IL 60540-6333

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

Name of Employer Occupation  
 Baxter Healthcare Corporation VP, IT - Mfg & Supply Chain

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 20151014105123-168**

Amount of Each Receipt this Period  
 12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Alan E Freedlund</b>		Date of Receipt 10 / 23 / 2015 <b>Transaction ID : 2015110310024-157</b>
Mailing Address 746 S River Rd		Amount of Each Receipt this Period 12.00
City Naperville	State IL	Zip Code 60540-6333
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, IT - Mfg & Supply Chain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

Full Name (Last, First, Middle Initial) <b>B. Valery E Gallagher</b>		Date of Receipt 10 / 09 / 2015 <b>Transaction ID : 20151014105123-61</b>
Mailing Address 14334 Spring Meadow Ct		Amount of Each Receipt this Period 92.80
City Libertyville	State IL	Zip Code 60048-2490
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1984.98	

Full Name (Last, First, Middle Initial) <b>C. Valery E Gallagher</b>		Date of Receipt 10 / 23 / 2015 <b>Transaction ID : 2015110310024-72</b>
Mailing Address 14334 Spring Meadow Ct		Amount of Each Receipt this Period 92.80
City Libertyville	State IL	Zip Code 60048-2490
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1984.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cynthia L Gallien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3005 S Forrester St  
 City Bloomington State IN Zip Code 47401-4494  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-164**  
 Amount of Each Receipt this Period  
 20.00

**B. Cynthia L Gallien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3005 S Forrester St  
 City Bloomington State IN Zip Code 47401-4494  
 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-155**  
 Amount of Each Receipt this Period  
 20.00

**C. John J Gibbons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1242 N Lake Shore Dr  
 City Chicago State IL Zip Code 60610-2332  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-75**  
 Amount of Each Receipt this Period  
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1242 N Lake Shore Dr

City Chicago State IL Zip Code 60610-2332

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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-89**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 3775 Riverly Trce

City Marietta State GA Zip Code 30067-4241

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1393.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-72**

Amount of Each Receipt this Period  
 63.67

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

Mailing Address 3775 Riverly Trce

City Marietta State GA Zip Code 30067-4241

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1393.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-91**

Amount of Each Receipt this Period  
 63.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ralph L Glover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1115 Westberry Ct

City Lake Zurich	State IL	Zip Code 60047-1400
---------------------	-------------	------------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 20151014105123-81**

Amount of Each Receipt this Period  

10.00
-------

**B. Ralph L Glover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1115 Westberry Ct

City Lake Zurich	State IL	Zip Code 60047-1400
---------------------	-------------	------------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 2015110310024-96**

Amount of Each Receipt this Period  

10.00
-------

**C. Joseph P Gomes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 648 Cameron Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 20151014105123-100**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 66
	(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 Corporation Political Action Committee**

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

Mailing Address 648 Cameron Dr

City Antioch State IL Zip Code 60002-1185

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2015**

**Transaction ID : 2015110310024-114**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 1340 Crest Rd

City Libertyville State IL Zip Code 60048-1515

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1345.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : 20151014105123-82**

Amount of Each Receipt this Period  
**61.54**

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

Mailing Address 1340 Crest Rd

City Libertyville State IL Zip Code 60048-1515

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1345.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2015**

**Transaction ID : 2015110310024-97**

Amount of Each Receipt this Period  
**61.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard W Hotzfeld**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Charity Dr

City State Zip Code  
Brentwood TN 37027-8655

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Nat'l Accts-GPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
302.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015  
**Transaction ID : 20151014105123-23**

Amount of Each Receipt this Period  
15.00

**B. Richard W Hotzfeld**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Charity Dr

City State Zip Code  
Brentwood TN 37027-8655

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Nat'l Accts-GPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
302.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015  
**Transaction ID : 2015110310024-28**

Amount of Each Receipt this Period  
15.00

**c. Richard J Houge**  
Full Name (Last, First, Middle Initial)

Mailing Address 5735 N Bay Ridge Ave

City State Zip Code  
Whitefish Bay WI 53217-4719

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

Name of Employer Occupation  
Baxter Healthcare Corporation Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015  
**Transaction ID : 20151014105123-50**

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 31 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Richard J Houge**

Mailing Address 5735 N Bay Ridge Ave

City State Zip Code  
Whitefish Bay WI 53217-4719

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

Name of Employer Occupation  
Baxter Healthcare Corporation Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015  
**Transaction ID : 2015110310024-46**

Amount of Each Receipt this Period  
60.00

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

Mailing Address 31385 W Somerset Cir

City State Zip Code  
Libertyville IL 60048-4886

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015  
**Transaction ID : 20151014105123-105**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 31385 W Somerset Cir

City State Zip Code  
Libertyville IL 60048-4886

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015  
**Transaction ID : 2015110310024-86**

Amount of Each Receipt this Period  
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Julie L Junkin**

Mailing Address 932 Wilmette Ter

City Lake Zurich      State IL      Zip Code 60047-2162

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 ▼ **220.00**

Date of Receipt  
**10 / 09 / 2015**  
**Transaction ID : 20151014105123-38**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Julie L Junkin**

Mailing Address 932 Wilmette Ter

City Lake Zurich      State IL      Zip Code 60047-2162

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 ▼ **220.00**

Date of Receipt  
**10 / 23 / 2015**  
**Transaction ID : 2015110310024-49**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 1520 Greystone Dr

City Gurnee      State IL      Zip Code 60031-9128

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

Name of Employer Baxter Healthcare Corporation      Occupation Group Mgr, Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**10 / 09 / 2015**  
**Transaction ID : 20151014105123-92**

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 33 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1520 Greystone Dr

City Gurnee State IL Zip Code 60031-9128

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-107**

Amount of Each Receipt this Period  
 25.00

**B. Peter J Karas**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 E Hillside Ave

City Barrington State IL Zip Code 60010-4528

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-41**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 415 E Hillside Ave

City Barrington State IL Zip Code 60010-4528

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-52**

Amount of Each Receipt this Period  
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 821 Windsor Rd

City State Zip Code  
 Glenview IL 60025-3128

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

Name of Employer Occupation  
 Baxter International Inc. Sr Dir, Hospital Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-118**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 821 Windsor Rd

City State Zip Code  
 Glenview IL 60025-3128

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

Name of Employer Occupation  
 Baxter International Inc. Sr Dir, Hospital Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-132**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 2308 Isabella St

City State Zip Code  
 Evanston IL 60201-1405

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

Name of Employer Occupation  
 Baxter International Inc. VP, Tax

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-76**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Helena M Klumpp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Isabella St  
 City Evanston State IL Zip Code 60201-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter International Inc. Occupation VP, Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-90**  
 Amount of Each Receipt this Period  
 20.00

**B. Timothy P Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 Museum Blvd Unit 210  
 City Vernon Hills State IL Zip Code 60061-3156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg & SC - Med Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1794.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-97**  
 Amount of Each Receipt this Period  
 82.69

**C. Timothy P Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 Museum Blvd Unit 210  
 City Vernon Hills State IL Zip Code 60061-3156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Mfg & SC - Med Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1794.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-115**  
 Amount of Each Receipt this Period  
 82.69

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mary F Lemke**

Mailing Address 3121 Renaissance Way NE

City	State	Zip Code
Atlanta	GA	30308-2463

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

Name of Employer	Occupation
Baxter Healthcare Corporation	National Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 20151014105123-45**

Amount of Each Receipt this Period  

16.71
-------

Full Name (Last, First, Middle Initial)  
**B. Mary F Lemke**

Mailing Address 3121 Renaissance Way NE

City	State	Zip Code
Atlanta	GA	30308-2463

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

Name of Employer	Occupation
Baxter Healthcare Corporation	National Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : 2015110310024-170**

Amount of Each Receipt this Period  

16.71
-------

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

Mailing Address 3623 Stanford Cir

City	State	Zip Code
Falls Church	VA	22041-1316

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 20151014105123-15**

Amount of Each Receipt this Period  

45.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>78.42</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3623 Stanford Cir

City Falls Church State VA Zip Code 22041-1316

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-13**

Amount of Each Receipt this Period  
45.00

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

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-35**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1311 Kristin Dr

City Libertyville State IL Zip Code 60048-1285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-42**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Glen A Lyles**

Mailing Address PO Box 1316

City State Zip Code  
Shelby MS 38774-1316

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

Name of Employer Occupation  
Baxter Healthcare Corporation Mgr II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-171**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Glen A Lyles**

Mailing Address PO Box 1316

City State Zip Code  
Shelby MS 38774-1316

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

Name of Employer Occupation  
Baxter Healthcare Corporation Mgr II, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-163**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 6625 Barnaby St NW

City State Zip Code  
Washington DC 20015-2331

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
770.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-16**

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

**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 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 6625 Barnaby St NW

City Washington State DC Zip Code 20015-2331

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-14**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 10680 Red Leaf Cir

City Village Of Lakewoo State IL Zip Code 60014-4852

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

Name of Employer Baxter Healthcare Corporation Occupation VP, MPO Program Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-178**

Amount of Each Receipt this Period  
**22.84**

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

Mailing Address 10680 Red Leaf Cir

City Village Of Lakewoo State IL Zip Code 60014-4852

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

Name of Employer Baxter Healthcare Corporation Occupation VP, MPO Program Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-71**

Amount of Each Receipt this Period  
**22.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeanne K Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Duffy Ln  
City Bannockburn State IL Zip Code 60015-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation CVP, Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4563.04

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 20151014105123-150**  
Amount of Each Receipt this Period 208.46

**B. Jeanne K Mason**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1760 Duffy Ln  
City Bannockburn State IL Zip Code 60015-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation CVP, Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4563.04

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 2015110310024-64**  
Amount of Each Receipt this Period 208.46

**C. Daniel S McRae**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2965 Redding Rd NE  
City Brookhaven State GA Zip Code 30319-2911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Region Manager, Dose Managemen  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 20151014105123-25**  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 426.92  
**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 41 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daniel S McRae**  
Full Name (Last, First, Middle Initial)

Mailing Address 2965 Redding Rd NE

City Brookhaven State GA Zip Code 30319-2911

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

Name of Employer Baxter Healthcare Corporation Occupation Region Manager, Dose Managemen

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
10 / 23 / 2015  
Transaction ID : 2015110310024-30

Amount of Each Receipt this Period  
10.00

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

Mailing Address 106 S Sangamon St Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
10 / 09 / 2015  
Transaction ID : 20151014105123-88

Amount of Each Receipt this Period  
25.00

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

Mailing Address 106 S Sangamon St Apt 2S

City Chicago State IL Zip Code 60607-2757

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
10 / 23 / 2015  
Transaction ID : 2015110310024-103

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 42 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Donna Ann Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 614 Vista Falls Rd

City Mills River State NC Zip Code 28759-6531

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 ▼ 220.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-172**

Amount of Each Receipt this Period  
10.00

**B. Donna Ann Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 614 Vista Falls Rd

City Mills River State NC Zip Code 28759-6531

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 ▼ 220.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-159**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 8217 Monterra Ranch Dr Apt 1203

City Fort Worth State TX Zip Code 76177-8529

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-62**

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 43 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mark R Nail</b>		Date of Receipt
Mailing Address 8217 Monterra Ranch Dr Apt 1203		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fort Worth	TX	76177-8529
FEC ID number of contributing federal political committee.		Transaction ID : <b>2015110310024-73</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Renal Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Chad L Ness</b>		Date of Receipt
Mailing Address 343 Park Ave # 7E		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Highland Park	IL	60035-2658
FEC ID number of contributing federal political committee.		Transaction ID : <b>20151014105123-136</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Mgr II, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Chad L Ness</b>		Date of Receipt
Mailing Address 343 Park Ave # 7E		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Highland Park	IL	60035-2658
FEC ID number of contributing federal political committee.		Transaction ID : <b>2015110310024-148</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Mgr II, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gwen E Nielsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Hobson Dr

City Buffalo Grove State IL Zip Code 60089-7019

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Sales Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-80**

Amount of Each Receipt this Period  
 10.00

**B. Gwen E Nielsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Hobson Dr

City Buffalo Grove State IL Zip Code 60089-7019

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

Name of Employer Baxter Healthcare Corporation Occupation Group Mgr, Sales Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-95**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 1332 Edgewood Ln

City Northbrook State IL Zip Code 60062-4716

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-103**

Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20.00

**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 45 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-172**  
 Amount of Each Receipt this Period  
 0.00

**B. Timothy J Pasternak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1933 Oak Tree Trl  
 City Lake Villa State IL Zip Code 60046-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-122**  
 Amount of Each Receipt this Period  
 15.00

**C. Timothy J Pasternak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1933 Oak Tree Trl  
 City Lake Villa State IL Zip Code 60046-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Director, Quality, MP Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-152**  
 Amount of Each Receipt this Period  
 15.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : 20151014105123-55**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 525 Trestle Ct

City Grayslake State IL Zip Code 60030-2766

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2015**

**Transaction ID : 2015110310024-22**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**c. Philip D Rackliffe**

Mailing Address 1545 McClellan Dr

City Lindenhurst State IL Zip Code 60046-1803

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

Name of Employer Baxter Healthcare Corporation Occupation GFH, Pharmacy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : 20151014105123-65**

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 47 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Philip D Rackliffe</b>		Date of Receipt
Mailing Address 1545 McClellan Dr		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Lindenhurst	State IL	Zip Code 60046-1803
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2015110310024-76</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation GFH, Pharmacy		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. G. Joseph Ray</b>		Date of Receipt
Mailing Address 1677 Greene Ridge Dr		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60565-6752
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20151014105123-165</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation Sr Research Scientist		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. G. Joseph Ray</b>		Date of Receipt
Mailing Address 1677 Greene Ridge Dr		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60565-6752
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2015110310024-165</b>
Name of Employer Baxter Healthcare Corporation		Amount of Each Receipt this Period
Occupation Sr Research Scientist		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Crystal A Riley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10210 Angora Dr  
City Cheltenham State MD Zip Code 20623-1068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015  
**Transaction ID : 20151014105123-20**  
Amount of Each Receipt this Period  
25.00

**B. Crystal A Riley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10210 Angora Dr  
City Cheltenham State MD Zip Code 20623-1068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Manager, Healthcare Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015  
**Transaction ID : 2015110310024-18**  
Amount of Each Receipt this Period  
25.00

**C. Fredrick D Ruda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1316 Ashland Ave  
City Wilmette State IL Zip Code 60091-1608  
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 ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015  
**Transaction ID : 20151014105123-22**  
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 49 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fredrick D Ruda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1316 Ashland Ave  
City Wilmette State IL Zip Code 60091-1608  
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 ▼ 220.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 2015110310024-27**  
Amount of Each Receipt this Period 100.00

**B. Eric A Sato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 381 W Prairie Walk Ln  
City Round Lake State IL Zip Code 60073-4255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 20151014105123-89**  
Amount of Each Receipt this Period 25.00

**C. Eric A Sato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 381 W Prairie Walk Ln  
City Round Lake State IL Zip Code 60073-4255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation Sr Dir Mktg, Hospital Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 2015110310024-104**  
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 50 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jill M Schaaf</b>		Date of Receipt
Mailing Address 1509 W Nelson St		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60657-3103
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 06C420A2E24B495BAC93</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter Healthcare Corporation	CVP, President - BGR	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. David P Scharf</b>		Date of Receipt
Mailing Address 931 Oak St		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Winnetka	IL	60093-2440
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20151014105123-135</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter International Inc.	CVP, General Counsel	<input type="text" value="128.85"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2821.62"/>	

Full Name (Last, First, Middle Initial) <b>C. David P Scharf</b>		Date of Receipt
Mailing Address 931 Oak St		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Winnetka	IL	60093-2440
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2015110310024-147</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Baxter International Inc.	CVP, General Counsel	<input type="text" value="128.85"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2821.62"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1257.70"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph V Schwan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1414 Laburnum St

City McLean State VA Zip Code 22101-2523

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

Name of Employer Baxter Healthcare Corporation Occupation VP, GAPP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-91**

Amount of Each Receipt this Period  
**10.00**

**B. Joseph V Schwan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1414 Laburnum St

City McLean State VA Zip Code 22101-2523

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

Name of Employer Baxter Healthcare Corporation Occupation VP, GAPP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-106**

Amount of Each Receipt this Period  
**10.00**

**C. Jeffrey Allen Sexton**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Cochran View Dr

City Marion State NC Zip Code 28752-6014

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

Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-173**

Amount of Each Receipt this Period  
**15.31**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>35.31</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey Allen Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Cochran View Dr  
 City Marion State NC Zip Code 28752-6014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Supt, Manufacturing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-160**  
 Amount of Each Receipt this Period  
 15.31

**B. Timothy L Shaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1351 Grey Wolf Dr  
 City Collierville State TN Zip Code 38017-8651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Director Supply Chain GLC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-176**  
 Amount of Each Receipt this Period  
 10.00

**C. Timothy L Shaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1351 Grey Wolf Dr  
 City Collierville State TN Zip Code 38017-8651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Director Supply Chain GLC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-178**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Lori E Sims</b>		Date of Receipt 10 / 09 / 2015 <b>Transaction ID : 20151014105123-71</b>
Mailing Address 66 Cooper Dr		Amount of Each Receipt this Period 28.85
City Glastonbury	State CT	Zip Code 06033-1020
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Mgr II, State Govt Affairs		Aggregate Year-to-Date ▼ 615.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lori E Sims</b>		Date of Receipt 10 / 23 / 2015 <b>Transaction ID : 2015110310024-85</b>
Mailing Address 66 Cooper Dr		Amount of Each Receipt this Period 28.85
City Glastonbury	State CT	Zip Code 06033-1020
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation Mgr II, State Govt Affairs		Aggregate Year-to-Date ▼ 615.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Catherine Ann Skala</b>		Date of Receipt 10 / 09 / 2015 <b>Transaction ID : 20151014105123-78</b>
Mailing Address 1014 Oakwood Ave		Amount of Each Receipt this Period 20.00
City Wilmette	State IL	Zip Code 60091-3322
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	
Occupation VP, Integration		Aggregate Year-to-Date ▼ 440.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Catherine Ann Skala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 Oakwood Ave  
 City Wilmette State IL Zip Code 60091-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation VP, Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-93**  
 Amount of Each Receipt this Period  
 20.00

**B. Beverly B Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 869 Deep Woods Dr  
 City Marion State NC Zip Code 28752-8252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-170**  
 Amount of Each Receipt this Period  
 20.00

**C. Beverly B Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 869 Deep Woods Dr  
 City Marion State NC Zip Code 28752-8252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-162**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 66
	(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

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

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

**A. Deborah G Spak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1555 Stratford Rd  
City Deerfield State IL Zip Code 60015-2147  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation Dir, Global Communications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 409.62

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 20151014105123-70**  
Amount of Each Receipt this Period 18.75

**B. Deborah G Spak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1555 Stratford Rd  
City Deerfield State IL Zip Code 60015-2147  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter International Inc. Occupation Dir, Global Communications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 409.62

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 2015110310024-84**  
Amount of Each Receipt this Period 18.75

**C. Kris C Steelman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2236  
City Mountain Home State AR Zip Code 72654-2236  
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 ▼ 220.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 20151014105123-5**  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 47.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kris C Steelman**  
 Mailing Address PO Box 2236  
 City State Zip Code  
 Mountain Home AR 72654-2236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Mgr II, Supply Chain  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-9**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Elizabeth F Stoll**  
 Mailing Address 3014 Greendale Dr NW  
 City State Zip Code  
 Atlanta GA 30327-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, State Sovt Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 274.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-18**  
 Amount of Each Receipt this Period  
 13.34

Full Name (Last, First, Middle Initial)  
**C. Elizabeth F Stoll**  
 Mailing Address 3014 Greendale Dr NW  
 City State Zip Code  
 Atlanta GA 30327-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation Dir, State Sovt Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 274.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-16**  
 Amount of Each Receipt this Period  
 13.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 36.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Russell Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 742 Hibbens Grant Blvd  
 City State Zip Code  
 Mt Pleasant SC 29464-8236  
 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 ▼  
 281.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-48**  
 Amount of Each Receipt this Period  
 12.91

**B. Russell Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 742 Hibbens Grant Blvd  
 City State Zip Code  
 Mt Pleasant SC 29464-8236  
 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 ▼  
 281.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-44**  
 Amount of Each Receipt this Period  
 12.91

**C. Eric C Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1082 Lee Road 368  
 City State Zip Code  
 Valley AL 36854-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baxter Healthcare Corporation AVP, MD IS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-54**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Eric C Walker**

Mailing Address 1082 Lee Road 368

City Valley State AL Zip Code 36854-6532

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, MD IS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**10 / 23 / 2015**  
**Transaction ID : 2015110310024-21**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. John Alan Weiler**

Mailing Address 3686 Blankenship Dr

City Morganton State NC Zip Code 28655-5005

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

Name of Employer Baxter Healthcare Corporation Occupation Plant Manager II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**10 / 09 / 2015**  
**Transaction ID : 20151014105123-174**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**c. John Alan Weiler**

Mailing Address 3686 Blankenship Dr

City Morganton State NC Zip Code 28655-5005

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

Name of Employer Baxter Healthcare Corporation Occupation Plant Manager II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**10 / 23 / 2015**  
**Transaction ID : 2015110310024-161**

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 59 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas Westerkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1844 N Wilson Pl

City State Zip Code  
Arlington Heights IL 60004-3800

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

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Mgr, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-43**

Amount of Each Receipt this Period  
10.00

**B. Thomas Westerkamp**  
Full Name (Last, First, Middle Initial)

Mailing Address 1844 N Wilson Pl

City State Zip Code  
Arlington Heights IL 60004-3800

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

Name of Employer Occupation  
Baxter Healthcare Corporation Sr Mgr, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 23 / 2015  
**Transaction ID : 2015110310024-118**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 840 Paddock Ln

City State Zip Code  
Libertyville IL 60048-3744

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

Name of Employer Occupation  
Baxter Healthcare Corporation Dir, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : 20151014105123-102**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Timothy White**  
Full Name (Last, First, Middle Initial)

Mailing Address 840 Paddock Ln

City Libertyville State IL Zip Code 60048-3744

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Manufacturing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-101**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 20151014105123-74**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 8050 Little Fox Rd

City Amarillo State TX Zip Code 79118-1129

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

Name of Employer Baxter Healthcare Corporation Occupation Renal Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 2015110310024-88**

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 61 OF 66  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **10 / 09 / 2015**

**Transaction ID : 20151014105123-123**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 38465 N Burr Oak Ln

City Wadsworth State IL Zip Code 60083-9548

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **10 / 23 / 2015**

**Transaction ID : 2015110310024-173**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 09 / 2015**

**Transaction ID : 20151014105123-52**

Amount of Each Receipt this Period **25.00**

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

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

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

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

FOR LINE NUMBER: PAGE 62 OF 66  
(check only one)

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

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

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

Mailing Address 41 Berkshire Ln

City Lincolnshire State IL Zip Code 60069-3303

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2015**

**Transaction ID : 2015110310024-171**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5548.92</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN TO ELECT MIKE HAGER**

Mailing Address 342 Walking Horse Trail

City Rutherfordton State NC Zip Code 28139

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : 7C0D97EE94462C703A1

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR DAN BLUE**

Mailing Address PO Box 287

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : 8EA21A3E9AFF19586E8

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DOLLAR FOR HOUSE**

Mailing Address P.O. Box 1352

City Cary State NC Zip Code 27512

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : 6B3A3753065D31B7941

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TIM MOORE**

Mailing Address 305 E. King Street

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : DF30DAF0C27FF7DCDFF

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. HALL FOR HOUSE DIST 29**

Mailing Address P.O. Box 25308

City Durham State NC Zip Code 27702

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : C6D86156FBDA39207CF

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. HARRY BROWN FOR NC SENATE**

Mailing Address PO Box 520

City Jacksonville State NC Zip Code 28540

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : CA67CE05EDE3B41C0C7

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HUGH BLACKWELL FOR NC HOUSE**

Mailing Address 321 Mountain View Ave SE

City Valdese State NC Zip Code 28690

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	5

Transaction ID : B497A1782EBC2636AF2

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. JERRY W TILLMAN FOR NC SENATE**

Mailing Address 1207 Dogwood Lane

City Archdale State NC Zip Code 27263

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	5

Transaction ID : 57E6ED6FC98867EAEB0

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. JOSH DOBSON FOR NC HOUSE COMMITTEE**

Mailing Address 649 South Creek Road

City Nebo State NC Zip Code 28761

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	5

Transaction ID : 28F201B469C1F1EE809

Amount of Each Disbursement this Period

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

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

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

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

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

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LOUIS PATE ELECTION COMMITTEE**

Mailing Address 102 MEREDITH STREET

City MOUNT OLIVE State NC Zip Code 28365

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : DD8E1335364AA7E8D5B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Philip E Berger Committee**

Mailing Address PO Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : D3ECD1C308CBEA1F1DA

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : 16957640F9CE28B871D

Amount of Each Disbursement this Period

750.00

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

1750.00

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

6500.00