

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		106266.76
(b) Cash on Hand at Beginning of Reporting Period.....	44814.53	
(c) Total Receipts (from Line 19)	10535.20	42582.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55349.73	148849.73
7. Total Disbursements (from Line 31).....	4500.00	98000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50849.73	50849.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Baxter Healthcare Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7043.85	20427.19
(ii) Unitemized	3491.35	22155.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10535.20	42582.97
(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)	10535.20	42582.97
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))..... ▶	10535.20	42582.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10535.20	42582.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	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	4500.00	4500.00
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)) ..	4500.00	98000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	98000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10535.20	42582.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10535.20	42582.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-141

Amount of Each Receipt this Period
100.00

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

Mailing Address 5343 N Lakewood Avenue

City Chicago State IL Zip Code 60640

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

Name of Employer Baxter International Inc. Occupation CVP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-141

Amount of Each Receipt this Period
100.00

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

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

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-161

Amount of Each Receipt this Period
47.67

SUBTOTAL of Receipts This Page (optional)..... **247.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edwin A Betancourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 N E 3rd Avenue, Ste 1600
 Ste 1600
 City Ft Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Export Corporation Occupation VP, Mfg - LAC Med Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-161
 Amount of Each Receipt this Period
 47.67

B. Susan K Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Geneva St
 City Glendale State CA Zip Code 91207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-14
 Amount of Each Receipt this Period
 75.00

C. Susan K Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Geneva St
 City Glendale State CA Zip Code 91207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter Healthcare Corporation Occupation VP, Manufacturing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-14
 Amount of Each Receipt this Period
 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sebastian J Bufalino		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : 2012041295610-151
Mailing Address 1091 Pine Meadow Ct		Amount of Each Receipt this Period 55.95
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation VP, Corporate Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.25	

Full Name (Last, First, Middle Initial) B. Sebastian J Bufalino		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 Transaction ID : 2012042518739-151
Mailing Address 1091 Pine Meadow Ct		Amount of Each Receipt this Period 55.95
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C	Name of Employer Baxter International Inc.	Occupation VP, Corporate Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.25	

Full Name (Last, First, Middle Initial) C. Mark Coin		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : 2012041295610-113
Mailing Address 1006 S Street NW		Amount of Each Receipt this Period 43.37
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C	Name of Employer Baxter Healthcare Corporation	Occupation Director, Public and Reimburse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.66	

SUBTOTAL of Receipts This Page (optional).....▶	155.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark Coin
Full Name (Last, First, Middle Initial)
Mailing Address 1006 S Street NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation Director, Public and Reimburse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 341.66

Date of Receipt 04 / 27 / 2012
Transaction ID : 2012042518739-113
Amount of Each Receipt this Period 43.37

B. Sarah L Creviston
Full Name (Last, First, Middle Initial)
Mailing Address 23 Wynstone Way
City North Barrington State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 892.79

Date of Receipt 04 / 13 / 2012
Transaction ID : 2012041295610-120
Amount of Each Receipt this Period 113.33

C. Sarah L Creviston
Full Name (Last, First, Middle Initial)
Mailing Address 23 Wynstone Way
City North Barrington State IL Zip Code 60010
FEC ID number of contributing federal political committee. **C**
Name of Employer Baxter Healthcare Corporation Occupation VP, Government Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 892.79

Date of Receipt 04 / 27 / 2012
Transaction ID : 2012042518739-120
Amount of Each Receipt this Period 113.33

SUBTOTAL of Receipts This Page (optional).....▶ 270.03
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Maga #120 Mansiones Los Cedros

City Cayey	State PR	Zip Code 00736
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter	Occupation Dir, Logistics
----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **441.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 2012041295610-179

Amount of Each Receipt this Period

56.15

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

Mailing Address Maga #120 Mansiones Los Cedros

City Cayey	State PR	Zip Code 00736
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter	Occupation Dir, Logistics
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **441.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

Transaction ID : 2012042518739-179

Amount of Each Receipt this Period

56.15

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

Mailing Address 21515 Hummingbird Court

City Kildeer	State IL	Zip Code 60047
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **1557.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 2012041295610-40

Amount of Each Receipt this Period

201.92

SUBTOTAL of Receipts This Page (optional).....▶	314.22
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 21515 Hummingbird Court

City State Zip Code
Kildeer IL 60047

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

Name of Employer Occupation
Baxter Healthcare Corporation CVP, President - Med Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1557.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012
Transaction ID : 2012042518739-40

Amount of Each Receipt this Period
201.92

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

Mailing Address 2330 West Course Drive

City State Zip Code
Riverwoods IL 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : 2012041295610-87

Amount of Each Receipt this Period
46.84

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

Mailing Address 2330 West Course Drive

City State Zip Code
Riverwoods IL 60015

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012
Transaction ID : 2012042518739-87

Amount of Each Receipt this Period
46.84

SUBTOTAL of Receipts This Page (optional).....▶	295.60
TOTAL This Period (last page this line 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 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Paul D Estrem		Date of Receipt 04 / 13 / 2012 Transaction ID : 2012041295610-36
Mailing Address 325 Clarewood Circle		Amount of Each Receipt this Period 50.00
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance - Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Paul D Estrem		Date of Receipt 04 / 27 / 2012 Transaction ID : 2012042518739-36
Mailing Address 325 Clarewood Circle		Amount of Each Receipt this Period 50.00
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Finance - Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Valery E Gallagher		Date of Receipt 04 / 13 / 2012 Transaction ID : 2012041295610-57
Mailing Address 14334 Spring Meadow Court		Amount of Each Receipt this Period 81.13
City Green Oaks	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, State Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.64	

SUBTOTAL of Receipts This Page (optional).....▶	181.13
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 14334 Spring Meadow Court

City Green Oaks	State IL	Zip Code 60048
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **637.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

Transaction ID : 2012042518739-57

Amount of Each Receipt this Period

81.13

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

Mailing Address 3775 Riverly Trace

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

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 ▼ **460.77**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 2012041295610-47

Amount of Each Receipt this Period

58.84

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

Mailing Address 3775 Riverly Trace

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

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 ▼ **460.77**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

Transaction ID : 2012042518739-47

Amount of Each Receipt this Period

58.84

SUBTOTAL of Receipts This Page (optional).....▶	198.81
TOTAL This Period (last page this line 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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 470 E Broadway

City Haverhill State MA Zip Code 01830

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 13 / 2012
Transaction ID : 2012041295610-91

Amount of Each Receipt this Period
50.00

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

Mailing Address 470 E Broadway

City Haverhill State MA Zip Code 01830

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 27 / 2012
Transaction ID : 2012042518739-91

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Timber Woods Lane

City Libertyville State IL Zip Code 60048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.88

Date of Receipt
04 / 13 / 2012
Transaction ID : 2012041295610-73

Amount of Each Receipt this Period
67.61

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

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

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

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

FOR LINE NUMBER: PAGE 15 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Andrew C Hayes
 Mailing Address 1620 Timber Woods Lane
 City State Zip Code
 Libertyville IL 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Sr Director, New Product Intro
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-73
 Amount of Each Receipt this Period
 67.61

Full Name (Last, First, Middle Initial)
B. Leslie J Herzog
 Mailing Address 816 Moseley Rd.
 City State Zip Code
 Highland Park IL 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Clinical Data Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-95
 Amount of Each Receipt this Period
 34.13

Full Name (Last, First, Middle Initial)
c. Leslie J Herzog
 Mailing Address 816 Moseley Rd.
 City State Zip Code
 Highland Park IL 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation Dir, Clinical Data Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-95
 Amount of Each Receipt this Period
 34.13

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.87
TOTAL This Period (last page this line 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 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Irene P Jakimcius		Date of Receipt
Mailing Address 2208 Wesley Ave.		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Evanston IL 60201		Transaction ID : 2012041295610-144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="88.55"/>
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="695.55"/>	

Full Name (Last, First, Middle Initial) B. Irene P Jakimcius		Date of Receipt
Mailing Address 2208 Wesley Ave.		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Evanston IL 60201		Transaction ID : 2012042518739-144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="88.55"/>
Name of Employer Baxter International Inc.	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="695.55"/>	

Full Name (Last, First, Middle Initial) C. Jean M Jans		Date of Receipt
Mailing Address 1568 RFD		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Lake Zurich IL 60047		Transaction ID : 2012041295610-137
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="49.29"/>
Name of Employer Baxter International Inc.	Occupation VP, Credit & Leasing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="388.32"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="226.39"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

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

Mailing Address 1568 RFD

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Baxter International Inc. Occupation VP, Credit & Leasing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-137

Amount of Each Receipt this Period
49.29

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

Mailing Address 130 W Lincoln Ave

City Libertyville State IL Zip Code 60048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-122

Amount of Each Receipt this Period
41.58

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

Mailing Address 130 W Lincoln Ave

City Libertyville State IL Zip Code 60048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-122

Amount of Each Receipt this Period
41.58

SUBTOTAL of Receipts This Page (optional).....▶	132.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julie S Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Franklin Road
 City State Zip Code
 Glencoe IL 60022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation GFH, BioTherapeutics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 447.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-125
 Amount of Each Receipt this Period
 59.36

B. Julie S Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Franklin Road
 City State Zip Code
 Glencoe IL 60022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation GFH, BioTherapeutics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 447.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-125
 Amount of Each Receipt this Period
 59.36

c. Sherryl L King
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 S Walnut
 City State Zip Code
 Arlington Heights IL 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Bus Analytics - BioScience
 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
 04 / 13 / 2012
Transaction ID : 2012041295610-127
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 168.72
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sherryl L King		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 Transaction ID : 2012042518739-127
Mailing Address 1240 S Walnut		Amount of Each Receipt this Period 600.00
City Arlington Heights	State IL	Zip Code 60005
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Bus Analytics - BioScience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Marie G. Kissel		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : 2012041295610-158
Mailing Address Baxter Expat Admin PO Box 747 Baxter Expat Admin		Amount of Each Receipt this Period 88.88
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.34	

Full Name (Last, First, Middle Initial) C. Marie G. Kissel		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 Transaction ID : 2012042518739-158
Mailing Address Baxter Expat Admin PO Box 747 Baxter Expat Admin		Amount of Each Receipt this Period 88.88
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter World Trade Corporation	Occupation Away on Assignment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.34	

SUBTOTAL of Receipts This Page (optional).....▶	227.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brian J LaMarca
Full Name (Last, First, Middle Initial)

Mailing Address 2261 Zach Scott St

City Austin State TX Zip Code 78723

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.32**

Date of Receipt **04 / 27 / 2012**

Transaction ID : 2012042518739-168

Amount of Each Receipt this Period **26.49**

B. Edward A Langan
Full Name (Last, First, Middle Initial)

Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702

City Chicago State IL Zip Code 60601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **04 / 13 / 2012**

Transaction ID : 2012041295610-2

Amount of Each Receipt this Period **75.00**

C. Edward A Langan
Full Name (Last, First, Middle Initial)

Mailing Address 450 East Waterside Drive Unit 1702 Unit 1702

City Chicago State IL Zip Code 60601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **04 / 27 / 2012**

Transaction ID : 2012042518739-2

Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **176.49**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Betty D Larson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21334 Andover Road
 City State Zip Code
 Kildeer IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, HR - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-110
 Amount of Each Receipt this Period
 52.00

B. Betty D Larson
 Full Name (Last, First, Middle Initial)
 Mailing Address 21334 Andover Road
 City State Zip Code
 Kildeer IL 60047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, HR - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-110
 Amount of Each Receipt this Period
 52.00

C. Timothy P Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 876 Writer CT
 City State Zip Code
 Vernon Hills IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baxter Healthcare Corporation VP, Mfg & SC - Med Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-117
 Amount of Each Receipt this Period
 74.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.35
TOTAL This Period (last page this line 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 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy P Lawrence		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 Transaction ID : 2012042518739-117
Mailing Address 876 Writer CT		Amount of Each Receipt this Period 74.35
City Vernon Hills	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation VP, Mfg & SC - Med Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.65	

Full Name (Last, First, Middle Initial) B. Kelli Lester		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : 2012041295610-92
Mailing Address 3140 creswell dr		Amount of Each Receipt this Period 40.00
City falls church	State VA	Zip Code 22044
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Renal Federal Leg Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Kelli Lester		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 Transaction ID : 2012042518739-92
Mailing Address 3140 creswell dr		Amount of Each Receipt this Period 40.00
City falls church	State VA	Zip Code 22044
FEC ID number of contributing federal political committee. C		
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Renal Federal Leg Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	154.35
TOTAL This Period (last page this line 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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2 W. Delaware Pl #2603
Unit 2603

City Chicago State IL Zip Code 60610

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

Name of Employer Baxter Healthcare Corporation Occupation GM, US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-33

Amount of Each Receipt this Period
50.00

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

Mailing Address 2 W. Delaware Pl #2603
Unit 2603

City Chicago State IL Zip Code 60610

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

Name of Employer Baxter Healthcare Corporation Occupation GM, US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-33

Amount of Each Receipt this Period
50.00

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

Mailing Address 6625 Barnaby Street NW

City Washington State DC Zip Code 20015

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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-103

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6625 Barnaby Street NW

City Washington State DC Zip Code 20015

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 ▼ **240.00**

Date of Receipt **04 / 27 / 2012**

Transaction ID : 2012042518739-103

Amount of Each Receipt this Period **30.00**

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

Mailing Address 10680 Red Leaf Circle

City Lakewood State IL Zip Code 60014

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.56**

Date of Receipt **04 / 13 / 2012**

Transaction ID : 2012041295610-17

Amount of Each Receipt this Period **42.42**

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

Mailing Address 10680 Red Leaf Circle

City Lakewood State IL Zip Code 60014

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.56**

Date of Receipt **04 / 27 / 2012**

Transaction ID : 2012042518739-17

Amount of Each Receipt this Period **42.42**

SUBTOTAL of Receipts This Page (optional)..... **114.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeanne K Mason		Date of Receipt
Mailing Address 1760 Duffy Lane		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Transaction ID : 2012041295610-146
Bannockburn	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="192.31"/>
Name of Employer	Occupation	
Baxter International Inc.	CVP, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1492.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeanne K Mason		Date of Receipt
Mailing Address 1760 Duffy Lane		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Transaction ID : 2012042518739-146
Bannockburn	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="192.31"/>
Name of Employer	Occupation	
Baxter International Inc.	CVP, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1492.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Timothy J Murphy		Date of Receipt
Mailing Address 14601 N Somerset Circle		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Transaction ID : 2012041295610-116
Libertyville	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="31.61"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Assoc General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.03"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.23"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 14601 N Somerset Circle

City Libertyville State IL Zip Code 60048

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

Name of Employer Baxter Healthcare Corporation Occupation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-116

Amount of Each Receipt this Period
31.61

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

Mailing Address 26w201 Tomahawk

City Wheaton State IL Zip Code 60189

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-61

Amount of Each Receipt this Period
50.00

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

Mailing Address 26w201 Tomahawk

City Wheaton State IL Zip Code 60189

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-61

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	131.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 791 Summit Avenue

City Lake Forest State IL Zip Code 60045

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-134

Amount of Each Receipt this Period
45.00

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

Mailing Address 791 Summit Avenue

City Lake Forest State IL Zip Code 60045

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

Name of Employer Baxter Healthcare Corporation Occupation VP, Mkt Access - US BioScience

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-134

Amount of Each Receipt this Period
45.00

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

Mailing Address 1332 Edgewood Lane

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4423.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-150

Amount of Each Receipt this Period
561.54

SUBTOTAL of Receipts This Page (optional)..... ▶ **651.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1332 Edgewood Lane

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4423.08

Date of Receipt 04 / 27 / 2012
Transaction ID : 2012042518739-150

Amount of Each Receipt this Period 561.54

B. Linda J. Peters
Full Name (Last, First, Middle Initial)

Mailing Address 14866 Sanctuary Ln

City Mettawa State IL Zip Code 60048-9611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 13 / 2012
Transaction ID : 2012041295610-22

Amount of Each Receipt this Period 100.00

C. Linda J. Peters
Full Name (Last, First, Middle Initial)

Mailing Address 14866 Sanctuary Ln

City Mettawa State IL Zip Code 60048-9611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 27 / 2012
Transaction ID : 2012042518739-22

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 761.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Carla D Pittman		Date of Receipt
Mailing Address 3933 Kenway Avenue		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Angeles	CA	90008
FEC ID number of contributing federal political committee.		Transaction ID : 2012041295610-112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.37"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.61"/>	

Full Name (Last, First, Middle Initial) B. Carla D Pittman		Date of Receipt
Mailing Address 3933 Kenway Avenue		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Angeles	CA	90008
FEC ID number of contributing federal political committee.		Transaction ID : 2012042518739-112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.37"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Sr Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.61"/>	

Full Name (Last, First, Middle Initial) C. Janet L Raciti		Date of Receipt
Mailing Address 19 Wimbledon Court		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lincolnshire	IL	60069
FEC ID number of contributing federal political committee.		Transaction ID : 2012041295610-25
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
Baxter Healthcare Corporation	Dir, Strategic Reimbursement	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="320.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="160.74"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19 Wimbledon Court

City Lincolnshire State IL Zip Code 60069

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Strategic Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
04 / 27 / 2012

Transaction ID : 2012042518739-25

Amount of Each Receipt this Period
40.00

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

Mailing Address 27928 Periwinkle Lane

City Valencia State CA Zip Code 91354

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **278.20**

Date of Receipt
04 / 13 / 2012

Transaction ID : 2012041295610-118

Amount of Each Receipt this Period
35.40

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

Mailing Address 27928 Periwinkle Lane

City Valencia State CA Zip Code 91354

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

Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **278.20**

Date of Receipt
04 / 27 / 2012

Transaction ID : 2012042518739-118

Amount of Each Receipt this Period
35.40

SUBTOTAL of Receipts This Page (optional)..... **110.80**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Roibin Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1419 W Berteau
 City Chicago State IL Zip Code 60613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 853.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-145
 Amount of Each Receipt this Period
 108.62

B. Roibin Ryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1419 W Berteau
 City Chicago State IL Zip Code 60613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation Deputy Gen Counsel, Lit & Empl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 853.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 2012042518739-145
 Amount of Each Receipt this Period
 108.62

C. James K Saccaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Ash Street
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baxter International Inc. Occupation CVP, Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 2012041295610-154
 Amount of Each Receipt this Period
 71.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.39
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 915 Ash Street

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter International Inc. Occupation CVP, Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **561.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-154

Amount of Each Receipt this Period
71.15

B. David P Scharf
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 2012041295610-142

Amount of Each Receipt this Period
119.23

C. David P Scharf
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak Street

City Winnetka State IL Zip Code 60093

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

Name of Employer Baxter International Inc. Occupation CVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 2012042518739-142

Amount of Each Receipt this Period
119.23

SUBTOTAL of Receipts This Page (optional).....	309.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1621 Mission Hills Rd Unit 211
Apt 211

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.83

Date of Receipt
04 / 13 / 2012
Transaction ID : 2012041295610-3

Amount of Each Receipt this Period
65.36

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

Mailing Address 1621 Mission Hills Rd Unit 211
Apt 211

City Northbrook State IL Zip Code 60062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.83

Date of Receipt
04 / 27 / 2012
Transaction ID : 2012042518739-3

Amount of Each Receipt this Period
65.36

C. Donald J Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 910 W Cypress Drive

City Arlington Heights State IL Zip Code 60005

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

Name of Employer Baxter International Inc. Occupation VP, Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
04 / 13 / 2012
Transaction ID : 2012041295610-138

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald J Sullivan		Date of Receipt
Mailing Address 910 W Cypress Drive		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Arlington Heights IL 60005		Transaction ID : 2012042518739-138
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer Baxter International Inc.	Occupation VP, Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	

Full Name (Last, First, Middle Initial) B. Onelia Ann Vera		Date of Receipt
Mailing Address 619 Oleander Drive		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Hallandale FL 33009		Transaction ID : 2012041295610-119
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="110.03"/>
Name of Employer Baxter Healthcare Corporation	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="864.24"/>	

Full Name (Last, First, Middle Initial) C. Onelia Ann Vera		Date of Receipt
Mailing Address 619 Oleander Drive		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Hallandale FL 33009		Transaction ID : 2012042518739-119
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="110.03"/>
Name of Employer Baxter Healthcare Corporation	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="864.24"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="260.06"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 OF 38
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Subramaniam Yogendran

Mailing Address **Baxter Healthcare Corp. One Baxter
Baxter Healthcare Corp.**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : 2012041295610-88

Amount of Each Receipt this Period

54.69

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

Mailing Address **Baxter Healthcare Corp. One Baxter
Baxter Healthcare Corp.**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

Transaction ID : 2012042518739-88

Amount of Each Receipt this Period

54.69

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

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

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	109.38
TOTAL This Period (last page this line number only).....▶	7043.85

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Hughes

Mailing Address 7478 Rhoads St,Suite A

City Philadelphia State PA Zip Code 19151

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 27236BB5DE4B6D78C4B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Sam Smith

Mailing Address 1120 Robertsville Road

City Punxsutawney State PA Zip Code 15767

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : CE8898B42BB039656A2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Bill Adolph Jr.

Mailing Address 55 Snyder Lane

City Springfield State PA Zip Code 19064

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 0CD1CFCA3CDA3D10E6D

Amount of Each Disbursement this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Frank Dermody

Mailing Address P.O. Box 274

City Tarentum State PA Zip Code 15084-0274

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
0	4		2	4		2	0	1	2

Transaction ID : 9FE4EE93151003C6D99

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Friends of Mike Turzai

Mailing Address P.O. BOX 721

City WEXFORD State PA Zip Code 15090

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
0	4		2	4		2	0	1	2

Transaction ID : 2D571F63AA4C8F1BC6B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jay Costa Jr. for State Senate

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

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
0	4		2	4		2	0	1	2

Transaction ID : 191D3010C13E2239943

Amount of Each Disbursement this Period

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

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

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. People to Elect Matt Baker

Mailing Address 2 Waln Street

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 24 / 2012

Transaction ID : 87E50C867E94315D7DC

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

4500.00