



**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="2016"/>		43947.86
(b) Cash on Hand at Beginning of Reporting Period.....	20811.55	
(c) Total Receipts (from Line 19) .....	6256.68	63192.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27068.23	107140.00
7. Total Disbursements (from Line 31).....	-200.00	79871.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	27268.23	27268.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 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).....	4298.62	33007.94
(ii) Unitemized .....	1958.06	30184.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6256.68	63192.14
(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) .....	6256.68	63192.14
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))..... ▶	6256.68	63192.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6256.68	63192.14

**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	71.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	71.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	79500.00
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 .....	-200.00	300.00
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)) ..	-200.00	79871.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-200.00	79871.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6256.68	63192.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6256.68	63192.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	71.77
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	71.77

**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 47
<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. Regina Atkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 Silver Linden Ln  
City Buffalo Grove State IL Zip Code 60089-6631  
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 **398.64**

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : 20160811115315-4**  
Amount of Each Receipt this Period **22.30**  
 Memo Item

**B. Regina Atkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2133 Silver Linden Ln  
City Buffalo Grove State IL Zip Code 60089-6631  
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 **398.64**

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : 20160902114654-4**  
Amount of Each Receipt this Period **22.30**  
 Memo Item

**C. Michael J Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5343 N Lakewood Ave  
City Chicago State IL Zip Code 60640-2208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baxter Healthcare Corporation Occupation VP, Finance-Ops, CSO & Quality  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1800.00**

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : 20160811115315-10**  
Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **144.60**  
**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: PAGE 7 OF 47  
(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-Ops, CSO & Quality  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-10**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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 ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 20160811115315-12**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

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 ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-12**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**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 47
<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. Mariko Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 842 Sebastian Ln  
City Gambrills State MD Zip Code 21054-2153  
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 ▼ 270.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-14**  
Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Mariko Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 842 Sebastian Ln  
City Gambrills State MD Zip Code 21054-2153  
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 ▼ 270.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-14**  
Amount of Each Receipt this Period 15.00  
 Memo Item

**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 - LA Area  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1020.90

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-17**  
Amount of Each Receipt this Period 57.09  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.09  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<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. 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 - LA Area

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.90

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-17**

Amount of Each Receipt this Period 57.09

Memo Item

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

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 ▼ 450.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-18**

Amount of Each Receipt this Period 25.00

Memo Item

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

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 ▼ 450.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-18**

Amount of Each Receipt this Period 25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.09

**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 47
<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. Paulo Bolgar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Strenger Ln

City Riverwoods	State IL	Zip Code 60015-1659
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation VP, HR - International
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : 20160811115315-21**

Amount of Each Receipt this Period  

25.00
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 Memo Item

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

Mailing Address 1900 Strenger Ln

City Riverwoods	State IL	Zip Code 60015-1659
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baxter International Inc.	Occupation VP, HR - International
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : 20160902114654-21**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item

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

Mailing Address 315 Park Dr

City Palatine	State IL	Zip Code 60067-7732
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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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : 20160811115315-22**

Amount of Each Receipt this Period  

25.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 11 OF 47
<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. Linda K Boltz</b>		Date of Receipt 08 / 26 / 2016 <b>Transaction ID : 20160902114654-22</b>
Mailing Address 315 Park Dr		Amount of Each Receipt this Period 25.00
City Palatine	State IL	Zip Code 60067-7732
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Business HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Jil Boskovich</b>		Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 20160811115315-25</b>
Mailing Address 33431 Periwinkle Dr		Amount of Each Receipt this Period 50.00
City Dana Point	State CA	Zip Code 92629-4462
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation Nutrition Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Jil Boskovich</b>		Date of Receipt 08 / 26 / 2016 <b>Transaction ID : 20160902114654-25</b>
Mailing Address 33431 Periwinkle Dr		Amount of Each Receipt this Period 50.00
City Dana Point	State CA	Zip Code 92629-4462
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Baxter Healthcare Corporation	Occupation Nutrition Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 12 OF 47
	<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. Gregory Christopher Boyer</b>			Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 20160811115315-26</b>
Mailing Address 242 W Waltann Ln			Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85023-3666	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corporation	Occupation AVP, Sales - National Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. Gregory Christopher Boyer</b>			Date of Receipt 08 / 26 / 2016 <b>Transaction ID : 20160902114654-26</b>
Mailing Address 242 W Waltann Ln			Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85023-3666	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corporation	Occupation AVP, Sales - National Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. Jan M Brase</b>			Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 20160811115315-27</b>
Mailing Address 15 Manitoba Woods Ln			Amount of Each Receipt this Period 20.00
City Spencerport	State NY	Zip Code 14559-2405	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Baxter Healthcare Corporation	Occupation Dir, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

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

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

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

Mailing Address 15 Manitoba Woods Ln

City Spencerport	State NY	Zip Code 14559-2405
---------------------	-------------	------------------------

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 ▼  
360.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2016

**Transaction ID : 20160902114654-27**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 39W727 Henry David Thoreau PI

City St Charles	State IL	Zip Code 60175-6573
--------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation AVP- Central US Portfolio
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2016

**Transaction ID : 20160811115315-33**

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address 39W727 Henry David Thoreau PI

City St Charles	State IL	Zip Code 60175-6573
--------------------	-------------	------------------------

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

Name of Employer Baxter Healthcare Corporation	Occupation AVP- Central US Portfolio
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2016

**Transaction ID : 20160902114654-33**

Amount of Each Receipt this Period  
15.00

Memo Item

<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 14 OF 47
	<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. Shane Cleveland**  
Full Name (Last, First, Middle Initial)

Mailing Address 6612 Meadow Lake Dr NW

City	State	Zip Code
Albuquerque	NM	87120-4824

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Portfolio Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2016

**Transaction ID : 20160811115315-43**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item

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

Mailing Address 6612 Meadow Lake Dr NW

City	State	Zip Code
Albuquerque	NM	87120-4824

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

Name of Employer	Occupation
Baxter Healthcare Corporation	Portfolio Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2016

**Transaction ID : 20160902114654-43**

Amount of Each Receipt this Period  

25.00
-------

 Memo Item

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

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 ▼ **887.10**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		12		2016

**Transaction ID : 20160811115315-44**

Amount of Each Receipt this Period  

49.89
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>99.89</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 15 OF 47
	<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. Mark Coin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1006 S St NW  
 City Washington State DC Zip Code 20001-5073  
 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 ▼ 887.10

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-44**  
 Amount of Each Receipt this Period 49.89  
 Memo Item

**B. Bryan J Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 W Station St  
 City Barrington State IL Zip Code 60010-4208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Mgr, Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.86

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-48**  
 Amount of Each Receipt this Period 10.12  
 Memo Item

**C. Margarita Cruz-casse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 153 Calle Violeta  
 City San Juan State PR Zip Code 00927-6208  
 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 ▼ 1079.94

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-49**  
 Amount of Each Receipt this Period 60.45  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.46
<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 16 OF 47
<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. Margarita Cruz-casse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 153 Calle Violeta  
 City San Juan State PR Zip Code 00927-6208  
 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 ▼ 1079.94

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-49**  
 Amount of Each Receipt this Period 60.45  
 Memo Item

**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, Total Rewards & HR Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-51**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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, Total Rewards & HR Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-51**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.45
<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 17 OF 47
	<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	<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. Kathryn T Edinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 Old Sutton Rd  
 City Barrington State IL Zip Code 60010-9368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation ASD, Anesthesia  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.26

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-64**  
 Amount of Each Receipt this Period 19.03  
 Memo Item

**B. Kathryn T Edinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 Old Sutton Rd  
 City Barrington State IL Zip Code 60010-9368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation ASD, Anesthesia  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.26

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-64**  
 Amount of Each Receipt this Period 19.03  
 Memo Item

**C. 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 ▼ 335.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-66**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.06  
**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 47
	<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. 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 ▼ **335.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-66**

Amount of Each Receipt this Period  
 15.00

Memo Item

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

Mailing Address 189 Lions Ct

City Lake Zurich State IL Zip Code 60047-7012

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 ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 20160811115315-69**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 189 Lions Ct

City Lake Zurich State IL Zip Code 60047-7012

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 ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-69**

Amount of Each Receipt this Period  
 25.00

Memo Item

**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 20 OF 47
<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. Alan E Freedlund**  
Full Name (Last, First, Middle Initial)

Mailing Address 746 S River Rd

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 26 / 2016  
Transaction ID : 20160902114654-82

Amount of Each Receipt this Period 12.00

Memo Item

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

Mailing Address 14334 Spring Meadow Ct

City Libertyville State IL Zip Code 60048-2490

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

Name of Employer Baxter Healthcare Corporation Occupation Global Dir, GAPP Hospital Prod

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.72

Date of Receipt 08 / 12 / 2016  
Transaction ID : 20160811115315-83

Amount of Each Receipt this Period 94.66

Memo Item

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

Mailing Address 14334 Spring Meadow Ct

City Libertyville State IL Zip Code 60048-2490

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

Name of Employer Baxter Healthcare Corporation Occupation Global Dir, GAPP Hospital Prod

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.72

Date of Receipt 08 / 26 / 2016  
Transaction ID : 20160902114654-83

Amount of Each Receipt this Period 94.66

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<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. 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 ▼ 360.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-84**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 360.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-84**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 1161.30

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-87**  
 Amount of Each Receipt this Period 64.94  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.94
<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 47
	<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**

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

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 ▼  
1161.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-87**

Amount of Each Receipt this Period  
64.94

Memo Item

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

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 ▼  
1122.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 20160811115315-100**

Amount of Each Receipt this Period  
62.77

Memo Item

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

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 ▼  
1122.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-100**

Amount of Each Receipt this Period  
62.77

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.48
<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 47
	<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 ▼  
300.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 20160811115315-102**

Amount of Each Receipt this Period  
15.00

Memo Item

**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 ▼  
300.00

Date of Receipt  
08 / 26 / 2016  
**Transaction ID : 20160902114654-102**

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address 1675 N Woods Way

City State Zip Code  
Vernon Hills IL 60061-1237

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

Name of Employer Occupation  
Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 20160811115315-112**

Amount of Each Receipt this Period  
25.00

Memo Item

**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 24 OF 47
	<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. Andrew W Kamai**

Mailing Address 1675 N Woods Way

City State Zip Code  
Vernon Hills IL 60061-1237

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

Name of Employer Occupation  
Baxter Healthcare Corporation Group Mgr, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 26 / 2016  
**Transaction ID : 20160902114654-112**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 366 S Bateman Cir

City State Zip Code  
Barrington IL 60010-7611

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

Name of Employer Occupation  
Baxter Healthcare Corporation VP, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 20160811115315-113**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 916 Hunter Rd

City State Zip Code  
Glenview IL 60025-3310

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

Name of Employer Occupation  
Baxter Healthcare Corporation VP Marketing, US Surgical Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 20160811115315-116**

Amount of Each Receipt this Period  
25.00

Memo Item

**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 25 OF 47  
(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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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. Omar H Khalil**

Mailing Address 916 Hunter Rd

City State Zip Code  
Glenview IL 60025-3310

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

Name of Employer Occupation  
Baxter Healthcare Corporation VP Marketing, US Surgical Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 26 / 2016  
**Transaction ID : 20160902114654-115**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 423 Kevin Dr

City State Zip Code  
Bethlehem PA 18017-2455

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

Name of Employer Occupation  
Baxter Healthcare Corporation AVP, Portfolio Management East

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 20160811115315-119**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 423 Kevin Dr

City State Zip Code  
Bethlehem PA 18017-2455

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

Name of Employer Occupation  
Baxter Healthcare Corporation AVP, Portfolio Management East

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
08 / 26 / 2016  
**Transaction ID : 20160902114654-118**

Amount of Each Receipt this Period  
25.00

Memo Item

**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 26 OF 47
<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. Timothy P Lawrence</b>		Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 2016081115315-123</b>
Mailing Address 1175 Museum Blvd Unit 210		Amount of Each Receipt this Period 84.42
City Vernon Hills	State IL	Zip Code 60061-3156
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1428.22	

Full Name (Last, First, Middle Initial) <b>B. Timothy P Lawrence</b>		Date of Receipt 08 / 26 / 2016 <b>Transaction ID : 20160902114654-122</b>
Mailing Address 1175 Museum Blvd Unit 210		Amount of Each Receipt this Period 84.42
City Vernon Hills	State IL	Zip Code 60061-3156
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation CVP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1428.22	

Full Name (Last, First, Middle Initial) <b>C. Mary F Lemke</b>		Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 2016081115315-125</b>
Mailing Address 3121 Renaissance Way NE		Amount of Each Receipt this Period 17.07
City Atlanta	State GA	Zip Code 30308-2463
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation Area Director, Renal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.10	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.91
<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 47
	<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	<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. Mary F Lemke**  
Full Name (Last, First, Middle Initial)

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	Area Director, Renal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.10**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	26	/	2016

**Transaction ID : 20160902114654-124**

Amount of Each Receipt this Period  

17.07
-------

 Memo Item

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

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	Global Dir, GAPP Renal Product

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	12	/	2016

**Transaction ID : 20160811115315-126**

Amount of Each Receipt this Period  

45.00
-------

 Memo Item

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

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	Global Dir, GAPP Renal Product

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	26	/	2016

**Transaction ID : 20160902114654-125**

Amount of Each Receipt this Period  

45.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>107.07</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 28 OF 47
	<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. Scott P Luce**  
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Kristin Dr

City State Zip Code  
Libertyville IL 60048-1285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 2016081115315-134**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 1311 Kristin Dr

City State Zip Code  
Libertyville IL 60048-1285

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 26 / 2016  
**Transaction ID : 20160902114654-133**

Amount of Each Receipt this Period  
20.00

Memo Item

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

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 ▼  
630.00

Date of Receipt  
08 / 12 / 2016  
**Transaction ID : 2016081115315-138**

Amount of Each Receipt this Period  
35.00

Memo Item

**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 29 OF 47
<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. 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 ▼ 630.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-137**

Amount of Each Receipt this Period 35.00

Memo Item

**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 ▼ 3586.94

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-139**

Amount of Each Receipt this Period 211.54

Memo Item

**C. 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 ▼ 3586.94

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-138**

Amount of Each Receipt this Period 211.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.08
<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 47
	<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. 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 Sr Dir, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-143**

Amount of Each Receipt this Period 25.00

Memo Item

**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 Sr Dir, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-142**

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 611 Treeline Dr

City Argyle State TX Zip Code 76226-1248

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 ▼ 450.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-147**

Amount of Each Receipt this Period 25.00

Memo Item

**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 31 OF 47
	<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**

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

Mailing Address 611 Treeline Dr

City Argyle State TX Zip Code 76226-1248

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 ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-146**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 2578 E Beechnut Ct

City Chandler State AZ Zip Code 85249-3514

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

Name of Employer Baxter Healthcare Corporation Occupation RM, BioSurgery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **347.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 20160811115315-148**

Amount of Each Receipt this Period  
 24.04

Memo Item

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

Mailing Address 2578 E Beechnut Ct

City Chandler State AZ Zip Code 85249-3514

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

Name of Employer Baxter Healthcare Corporation Occupation RM, BioSurgery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **347.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-147**

Amount of Each Receipt this Period  
 24.04

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>73.08</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 32 OF 47
	<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 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 ▼ 270.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-156**

Amount of Each Receipt this Period 15.00

Memo Item

**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 ▼ 270.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-155**

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 40819 N Gridley Dr

City Antioch State IL Zip Code 60002-8898

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management West

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-161**

Amount of Each Receipt this Period 25.00

Memo Item

**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 33 OF 47
	<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. Craig R Prather**

Mailing Address 40819 N Gridley Dr

City Antioch State IL Zip Code 60002-8898

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

Name of Employer Baxter Healthcare Corporation Occupation AVP, Portfolio Management West

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 26 / 2016**  
**Transaction ID : 20160902114654-160**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

Mailing Address 412 Mclver St

City Greenville State SC Zip Code 29601-4408

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 12 / 2016**  
**Transaction ID : 20160811115315-167**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

Mailing Address 412 Mclver St

City Greenville State SC Zip Code 29601-4408

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 26 / 2016**  
**Transaction ID : 20160902114654-166**

Amount of Each Receipt this Period  
**25.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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 34 OF 47
	<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. Crystal A Riley</b>		Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 20160811115315-174</b>
Mailing Address 10210 Angora Dr		Amount of Each Receipt this Period 25.00
City Cheltenham	State MD	Zip Code 20623-1068
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation Manager, Healthcare Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Crystal A Riley</b>		Date of Receipt 08 / 26 / 2016 <b>Transaction ID : 20160902114654-173</b>
Mailing Address 10210 Angora Dr		Amount of Each Receipt this Period 25.00
City Cheltenham	State MD	Zip Code 20623-1068
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation Manager, Healthcare Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Bela Sastry</b>		Date of Receipt 08 / 12 / 2016 <b>Transaction ID : 20160811115315-183</b>
Mailing Address 9504 Tuba Ct		Amount of Each Receipt this Period 84.62
City Vienna	State VA	Zip Code 22182-1648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Baxter Healthcare Corporation	Occupation Director, Federal Legislative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1523.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.62
<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 35 OF 47
	<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. Bela Sastry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9504 Tuba Ct  
 City Vienna State VA Zip Code 22182-1648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Director, Federal Legislative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1523.16**

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : 20160902114654-182**  
 Amount of Each Receipt this Period **84.62**  
 Memo Item

**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, Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : 20160811115315-184**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**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, Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : 20160902114654-183**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>134.62</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 36 OF 47
	<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. David P Scharf**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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 ▼ 2346.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 20160811115315-187**

Amount of Each Receipt this Period  
 130.77

Memo Item

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

Mailing Address 931 Oak St

City Winnetka State IL Zip Code 60093-2440

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 ▼ 2346.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-186**

Amount of Each Receipt this Period  
 130.77

Memo Item

**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 ▼ 279.54

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 20160811115315-193**

Amount of Each Receipt this Period  
 15.64

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	277.18
<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 47
	<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. 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 ▼ 279.54

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-192**  
 Amount of Each Receipt this Period 15.64  
 Memo Item

**B. Allison M Shanafelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 Oakhurst Dr  
 City McMurray State PA Zip Code 15317-2631  
 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 ▼ 225.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-194**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Allison M Shanafelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 Oakhurst Dr  
 City McMurray State PA Zip Code 15317-2631  
 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 ▼ 225.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-193**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.64  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 47
	<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. Lori E Sims**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Cooper Dr

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **527.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 2016081115315-196**

Amount of Each Receipt this Period  
**29.57**

Memo Item

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

Mailing Address 66 Cooper Dr

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **527.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-195**

Amount of Each Receipt this Period  
**29.57**

Memo Item

**C. 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 International Inc. Occupation VP, Program Touchstone

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 2016081115315-197**

Amount of Each Receipt this Period  
**20.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **79.14**

**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:	PAGE 39 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Baxter Healthcare 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 International Inc. Occupation VP, Program Touchstone  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-196**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 360.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-198**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 360.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-197**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 47
<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. 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 ▼ **341.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : 20160811115315-199**

Amount of Each Receipt this Period  

19.12
-------

 Memo Item

**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 ▼ **341.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : 20160902114654-198**

Amount of Each Receipt this Period  

19.12
-------

 Memo Item

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

Mailing Address 3014 Greendale Dr NW

City Atlanta	State GA	Zip Code 30327-1609
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : 20160811115315-202**

Amount of Each Receipt this Period  

13.61
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>51.85</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:	PAGE 41 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Elizabeth F Stoll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3014 Greendale Dr NW  
 City Atlanta State GA Zip Code 30327-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Dir, State Sovt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-201**  
 Amount of Each Receipt this Period 13.61  
 Memo Item

**B. Russell Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 742 Hibbens Grant Blvd  
 City Mt Pleasant State SC Zip Code 29464-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Renal Region Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.10

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 20160811115315-205**  
 Amount of Each Receipt this Period 13.22  
 Memo Item

**C. Russell Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 742 Hibbens Grant Blvd  
 City Mt Pleasant State SC Zip Code 29464-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baxter Healthcare Corporation Occupation Renal Region Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.10

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-204**  
 Amount of Each Receipt this Period 13.22  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.05
<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 42 OF 47  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ronald Allen Vitales**

Mailing Address 11229 Ashley Ln

City Fishers State IN Zip Code 46038-1851

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

Name of Employer Baxter Healthcare Corporation Occupation ASD, ApaTech Orthobiologics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 2016081115315-209**

Amount of Each Receipt this Period  
 50.00

Memo Item

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

Mailing Address 11229 Ashley Ln

City Fishers State IN Zip Code 46038-1851

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

Name of Employer Baxter Healthcare Corporation Occupation ASD, ApaTech Orthobiologics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-208**

Amount of Each Receipt this Period  
 50.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. 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  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 2016081115315-210**

Amount of Each Receipt this Period  
 20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 47
<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. Eric C Walker**  
Full Name (Last, First, Middle Initial)

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  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : 20160902114654-209**

Amount of Each Receipt this Period  
20.00

Memo Item

**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 Portfolio Manager
---	---------------------------------

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
08	/	12	/	2016

**Transaction ID : 20160811115315-219**

Amount of Each Receipt this Period  
20.00

Memo Item

**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 Portfolio Manager
---	---------------------------------

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
08	/	26	/	2016

**Transaction ID : 20160902114654-217**

Amount of Each Receipt this Period  
20.00

Memo Item

<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: (check only one)	PAGE 44 OF 47
	<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. Carl Wilt**  
Full Name (Last, First, Middle Initial)

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 ▼ 450.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : 2016081115315-220**

Amount of Each Receipt this Period 25.00

Memo Item

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

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 ▼ 450.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : 20160902114654-218**

Amount of Each Receipt this Period 25.00

Memo Item

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

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 08 / 12 / 2016  
**Transaction ID : 2016081115315-223**

Amount of Each Receipt this Period 25.00

Memo Item

**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 45 OF 47  
(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  
 08 / 26 / 2016  
**Transaction ID : 20160902114654-221**

Amount of Each Receipt this Period  
 25.00

Memo Item

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4298.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement  
2018 Convention - Original check issued 9/30/15

011

Category/  
Type

Candidate Name

**Orrin Grant Hatch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

**Transaction ID : D8E8312E95430CB322C**

Amount of Each Disbursement this Period

-1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Swalwell for Congress**

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Eric Michael Swalwell Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2016

**Transaction ID : EE78D518EFCBC2EB85F**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

Memo Item

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

0.00

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Dvorsky**

Mailing Address 412 6th Street

City Coralville State IA Zip Code 52241

Purpose of Disbursement  
2014 General - Original check issued 10/3/14

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 405C1EACEA28ED314B2**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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