



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2020"/>		63068.42
(b) Cash on Hand at Beginning of Reporting Period.....	47713.24	
(c) Total Receipts (from Line 19) .....	20956.35	69325.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68669.59	132394.39
7. Total Disbursements (from Line 31).....	21905.30	85630.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46764.29	46764.29
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

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).....	15595.49	45160.26
(ii) Unitemized .....	5360.86	24165.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20956.35	69325.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20956.35	69325.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20956.35	69325.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20956.35	69325.97

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	155.30	170.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	155.30	170.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	73500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	210.00
(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	210.00
29. Other Disbursements (Including Non-Federal Donations).....	11750.00	11750.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	21905.30	85630.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21905.30	85630.10

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	20956.35	69325.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	210.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20956.35	69115.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	155.30	170.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	155.30	170.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 116
	(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

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. Bailey, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Westwood St

City O Fallon	State IL	Zip Code 62269-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Mgr, Clinical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : 2020072012335-156**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Bailey, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Westwood St

City O Fallon	State IL	Zip Code 62269-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Mgr, Clinical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-154**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Bailey, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Westwood St

City O Fallon	State IL	Zip Code 62269-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Mgr, Clinical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-154**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 7 OF 116
	<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. Bailey, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Westwood St

City O Fallon	State IL	Zip Code 62269-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Mgr, Clinical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-153**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Bailey, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Westwood St

City O Fallon	State IL	Zip Code 62269-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Mgr, Clinical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-154**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Bailey, Tammy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Westwood St

City O Fallon	State IL	Zip Code 62269-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Mgr, Clinical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : 2020092817175-149**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 8 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-99**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-97**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-95**  
 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:	PAGE 9 OF 116
	(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. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-95**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-95**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-96**  
 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 10 OF 116
	<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. Beckham, Kevin, Kevin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1224 Grace Ln  
 City Mountain Home State AR Zip Code 72653-5604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Director, Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-91**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Bermudez, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cornell Dr  
 City East Brunswick State NJ Zip Code 08816-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Territory Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-127**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Bermudez, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cornell Dr  
 City East Brunswick State NJ Zip Code 08816-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Territory Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-125**  
 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 11 OF 116
	<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. Bermudez, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cornell Dr  
 City East Brunswick State NJ Zip Code 08816-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Territory Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2020  
**Transaction ID : 2020081212454-125**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**B. Bermudez, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cornell Dr  
 City East Brunswick State NJ Zip Code 08816-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Territory Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2020  
**Transaction ID : 2020083116495-125**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Bermudez, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cornell Dr  
 City East Brunswick State NJ Zip Code 08816-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Territory Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-126**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 116
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Bermudez, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Cornell Dr  
 City East Brunswick State NJ Zip Code 08816-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Territory Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-121**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-138**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2020  
**Transaction ID : 2020072012335-136**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<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 116
	(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

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. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-134**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-134**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-133**  
 Amount of Each Receipt this Period 25.00  
 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 14 OF 116
	<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. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-134**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bolgar, Paulo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Strenger Ln  
 City Riverwoods State IL Zip Code 60015-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, HR - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-129**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-104**  
 Amount of Each Receipt this Period 25.00  
 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 15 OF 116
	<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. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-102**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-100**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-100**  
 Amount of Each Receipt this Period 25.00  
 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 16 OF 116
	<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. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-100**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-101**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Boltz, Linda, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Park Dr  
 City Palatine State IL Zip Code 60067-7732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Nutrition and R&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-96**  
 Amount of Each Receipt this Period 25.00  
 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 17 OF 116
	<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. Brase, Jan, Marie, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Marketing
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2020

**Transaction ID : 2020070611256-71**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Brase, Jan, Marie, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Marketing
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : 2020072012335-69**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Brase, Jan, Marie, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Marketing
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-67**

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 18 OF 116
	<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. Brase, Jan, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-67**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Brase, Jan, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-67**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Brase, Jan, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-68**  
 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 19 OF 116
	<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. Brase, Jan, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-65**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Cleveland, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 Meadow Lake Dr NW  
 City Albuquerque State NM Zip Code 87120-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-151**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Cleveland, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 Meadow Lake Dr NW  
 City Albuquerque State NM Zip Code 87120-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-149**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<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 20 OF 116
	<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. Cleveland, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 Meadow Lake Dr NW  
 City Albuquerque State NM Zip Code 87120-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Cleveland, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 Meadow Lake Dr NW  
 City Albuquerque State NM Zip Code 87120-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Cleveland, Shane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6612 Meadow Lake Dr NW  
 City Albuquerque State NM Zip Code 87120-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-146**  
 Amount of Each Receipt this Period 25.00  
 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 21 OF 116
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Cleveland, Shane, , ,**

Mailing Address 6612 Meadow Lake Dr NW

City Albuquerque	State NM	Zip Code 87120-4824
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Portfolio Manager
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-147**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Cleveland, Shane, , ,**

Mailing Address 6612 Meadow Lake Dr NW

City Albuquerque	State NM	Zip Code 87120-4824
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Portfolio Manager
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : 2020092817175-142**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Clurman, Frances, Cade, ,**

Mailing Address 3529 Huntley Dr

City Davidsonville	State MD	Zip Code 21035-2440
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Government Policy & Reimburseme
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2020

**Transaction ID : 2020070611256-56**

Amount of Each Receipt this Period  
25.00

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 22 OF 116
	<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. Clurman, Frances, Cade, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3529 Huntley Dr  
 City Davidsonville State MD Zip Code 21035-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-54**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Clurman, Frances, Cade, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3529 Huntley Dr  
 City Davidsonville State MD Zip Code 21035-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-53**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Clurman, Frances, Cade, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3529 Huntley Dr  
 City Davidsonville State MD Zip Code 21035-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-53**  
 Amount of Each Receipt this Period 25.00  
 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: PAGE 23 OF 116  
(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**

**A. Clurman, Frances, Cade, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3529 Huntley Dr  
 City Davidsonville State MD Zip Code 21035-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-53**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Clurman, Frances, Cade, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3529 Huntley Dr  
 City Davidsonville State MD Zip Code 21035-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-53**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Clurman, Frances, Cade, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3529 Huntley Dr  
 City Davidsonville State MD Zip Code 21035-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-52**  
 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 24 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Coin, Mark, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-115**

Amount of Each Receipt this Period  
60.41

Memo Item

**B. Coin, Mark, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2020  
**Transaction ID : 2020072012335-113**

Amount of Each Receipt this Period  
60.41

Memo Item

**C. Coin, Mark, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2020  
**Transaction ID : 2020080713375-111**

Amount of Each Receipt this Period  
60.41

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.23
<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 25 OF 116
	<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. Coin, Mark, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-111**

Amount of Each Receipt this Period  
60.41

Memo Item

**B. Coin, Mark, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-111**

Amount of Each Receipt this Period  
60.41

Memo Item

**C. Coin, Mark, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-112**

Amount of Each Receipt this Period  
60.41

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	181.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 116
	<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

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

**A. Coin, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 W Braddock Rd

City Alexandria	State VA	Zip Code 22302-3228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Dir, Government Policy & Reimburse
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1133.39

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : 2020092817175-107**

Amount of Each Receipt this Period  
60.41

Memo Item

**B. Cox, Bryan, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 808 Parkdale Ct

City Southlake	State TX	Zip Code 76092-1704
-------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Portfolio
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-17**

Amount of Each Receipt this Period  
12.67

Memo Item

**C. Cox, Bryan, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 808 Parkdale Ct

City Southlake	State TX	Zip Code 76092-1704
-------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Portfolio
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
238.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-17**

Amount of Each Receipt this Period  
12.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.75
<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 116
	<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

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

**A. Cox, Bryan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 808 Parkdale Ct  
 City Southlake State TX Zip Code 76092-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.63

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-17**  
 Amount of Each Receipt this Period 12.67  
 Memo Item

**B. Cox, Bryan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 808 Parkdale Ct  
 City Southlake State TX Zip Code 76092-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Portfolio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.63

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-16**  
 Amount of Each Receipt this Period 12.67  
 Memo Item

**C. Crowley, Dennis, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Mounce Farm Way  
 City Marshfield State MA Zip Code 02050-8239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Business Development & Licensin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3032.78

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-46**  
 Amount of Each Receipt this Period 159.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.96
<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 116
	<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. Crowley, Dennis, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Mounce Farm Way  
 City Marshfield State MA Zip Code 02050-8239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Business Development & Licensir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3032.78

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-44**  
 Amount of Each Receipt this Period 159.62  
 Memo Item

**B. Crowley, Dennis, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Mounce Farm Way  
 City Marshfield State MA Zip Code 02050-8239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Business Development & Licensir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3032.78

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-43**  
 Amount of Each Receipt this Period 159.62  
 Memo Item

**C. Crowley, Dennis, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Mounce Farm Way  
 City Marshfield State MA Zip Code 02050-8239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Business Development & Licensir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3032.78

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-43**  
 Amount of Each Receipt this Period 159.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	478.86
<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 29 OF 116
	<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. Crowley, Dennis, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Mounce Farm Way

City Marshfield	State MA	Zip Code 02050-8239
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) SVP, Business Development & Licensir
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3032.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2020

**Transaction ID : 2020083116495-43**

Amount of Each Receipt this Period  
159.62

Memo Item

**B. Crowley, Dennis, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Mounce Farm Way

City Marshfield	State MA	Zip Code 02050-8239
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) SVP, Business Development & Licensir
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3032.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2020

**Transaction ID : 2020090910374-43**

Amount of Each Receipt this Period  
159.62

Memo Item

**C. Crowley, Dennis, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Mounce Farm Way

City Marshfield	State MA	Zip Code 02050-8239
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) SVP, Business Development & Licensir
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3032.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2020

**Transaction ID : 2020092817175-42**

Amount of Each Receipt this Period  
159.62

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	478.86
<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 116
	<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. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-170**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

**B. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-167**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

**C. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-165**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	199.32
<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 31 OF 116
	<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. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-165**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

**B. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-164**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

**C. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-165**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	199.32
<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 116
	<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. Cruz-casse, Margarita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Baxter Occupation (for Individual) Dir, Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1255.81

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-160**  
 Amount of Each Receipt this Period 66.44  
 Memo Item

**B. Ehnén, Denise, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 16 / 2020  
**Transaction ID : 2020072012335-43**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Ehnén, Denise, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-42**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.44
<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 33 OF 116
	<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. Ehnen, Denise, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-42**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Ehnen, Denise, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-42**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Ehnen, Denise, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-42**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 34 OF 116
	<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. Ehnen, Denise, Marie, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Infusion System
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2020

**Transaction ID : 2020092817175-41**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Eisen, Stacey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6210 Pine Tree Dr

City Long Grove	State IL	Zip Code 60047-5176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1000 Baxter International Inc	Occupation (for Individual) SVP, Communications
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3653.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2020

**Transaction ID : 2020070611256-4**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Eisen, Stacey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6210 Pine Tree Dr

City Long Grove	State IL	Zip Code 60047-5176
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1000 Baxter International Inc	Occupation (for Individual) SVP, Communications
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3653.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2020

**Transaction ID : 2020072012335-4**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	399.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 116
	<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. Eisen, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Pine Tree Dr  
 City Long Grove State IL Zip Code 60047-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-4**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Eisen, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Pine Tree Dr  
 City Long Grove State IL Zip Code 60047-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-4**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Eisen, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Pine Tree Dr  
 City Long Grove State IL Zip Code 60047-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Communications  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-4**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<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 116
	<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. Eisen, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Pine Tree Dr  
 City Long Grove State IL Zip Code 60047-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-4**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**B. Eisen, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6210 Pine Tree Dr  
 City Long Grove State IL Zip Code 60047-5176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-4**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**C. Fahey, Thomas, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Lake Bluff Dr  
 City Bluffton State SC Zip Code 29910-9350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2020  
**Transaction ID : 2020080713375-159**  
 Amount of Each Receipt this Period  
 14.06  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	398.66
<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 116
	<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. Fahey, Thomas, Joseph, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Lake Bluff Dr

City Bluffton	State SC	Zip Code 29910-9350
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Infusion System
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-159**

Amount of Each Receipt this Period  

14.06
-------

 Memo Item

**B. Fahey, Thomas, Joseph, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Lake Bluff Dr

City Bluffton	State SC	Zip Code 29910-9350
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Infusion System
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-158**

Amount of Each Receipt this Period  

14.06
-------

 Memo Item

**C. Fahey, Thomas, Joseph, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Lake Bluff Dr

City Bluffton	State SC	Zip Code 29910-9350
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Infusion System
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
263.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-159**

Amount of Each Receipt this Period  

14.06
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.18
<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 38 OF 116
	<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. Fahey, Thomas, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Lake Bluff Dr  
 City Bluffton State SC Zip Code 29910-9350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Region Mgr, Infusion System  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.24

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-154**  
 Amount of Each Receipt this Period 14.06  
 Memo Item

**B. Freedlund, Alan, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, IT - MNF & SC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-5**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Freedlund, Alan, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, IT - MNF & SC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-5**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.06
<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 39 OF 116
	<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. Freedlund, Alan, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, IT - MNF & SC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-5**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reim  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-169**  
 Amount of Each Receipt this Period 101.64  
 Memo Item

**C. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reimb  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt 07 / 16 / 2020  
**Transaction ID : 2020072012335-166**  
 Amount of Each Receipt this Period 101.64  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 116
	<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. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reimt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-164**  
 Amount of Each Receipt this Period 101.64  
 Memo Item

**B. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reim  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-164**  
 Amount of Each Receipt this Period 101.64  
 Memo Item

**C. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reimb  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-163**  
 Amount of Each Receipt this Period 101.64  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	304.92
<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 41 OF 116
	<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. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reimt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-164**  
 Amount of Each Receipt this Period  
 101.64  
 Memo Item

**B. Gallagher, Valery, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Deputy Dir, Government Policy & Reim  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1919.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-159**  
 Amount of Each Receipt this Period  
 101.64  
 Memo Item

**C. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-92**  
 Amount of Each Receipt this Period  
 26.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	229.45
<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 42 OF 116
	<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. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-90**  
 Amount of Each Receipt this Period 26.17  
 Memo Item

**B. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-88**  
 Amount of Each Receipt this Period 26.17  
 Memo Item

**C. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-88**  
 Amount of Each Receipt this Period 26.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.51
<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 43 OF 116
	<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

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

**A. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-88**  
 Amount of Each Receipt this Period 26.17  
 Memo Item

**B. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-89**  
 Amount of Each Receipt this Period 26.17  
 Memo Item

**C. Garrett, Justin, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Turtle Creek Blvd  
 City Dallas State TX Zip Code 75207-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.23

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-85**  
 Amount of Each Receipt this Period 26.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.51
<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 44 OF 116
	(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. Gellens, Mary, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 E Delaware Pl  
Apt 8105

City Chicago	State IL	Zip Code 60611-7746
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Med Director, US/CAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2020

**Transaction ID : 2020070611256-118**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Gellens, Mary, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 E Delaware Pl  
Apt 8105

City Chicago	State IL	Zip Code 60611-7746
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Med Director, US/CAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : 2020072012335-116**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Gellens, Mary, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 E Delaware Pl  
Apt 8105

City Chicago	State IL	Zip Code 60611-7746
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Med Director, US/CAN
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-114**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 45 OF 116  
(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**

**A. Gellens, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 E Delaware Pl  
 Apt 8105  
 City Chicago      State IL      Zip Code 60611-7746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation      Occupation (for Individual) Sr Med Director, US/CAN  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-114**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gellens, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 E Delaware Pl  
 Apt 8105  
 City Chicago      State IL      Zip Code 60611-7746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation      Occupation (for Individual) Sr Med Director, US/CAN  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-114**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Gellens, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 E Delaware Pl  
 Apt 8105  
 City Chicago      State IL      Zip Code 60611-7746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation      Occupation (for Individual) Sr Med Director, US/CAN  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-115**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 116
	<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. Gellens, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 E Delaware Pl  
 Apt 8105  
 City Chicago State IL Zip Code 60611-7746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Med Director, US/CAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-110**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gibson, Arthur, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3775 Riveryly Trce  
 City Marietta State GA Zip Code 30067-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Environ, Health & Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 887.36

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-12**  
 Amount of Each Receipt this Period 68.52  
 Memo Item

**C. Junkin, Julie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 932 Wilmette Ter  
 City Lake Zurich State IL Zip Code 60047-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Acute Therapies, Renal Ca  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-87**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.52
<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 47 OF 116
	<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

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

**A. Junkin, Julie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 932 Wilmette Ter  
 City Lake Zurich State IL Zip Code 60047-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Acute Therapies, Renal Ca  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-88**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Junkin, Julie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 932 Wilmette Ter  
 City Lake Zurich State IL Zip Code 60047-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, HR - Acute Therapies, Renal Ca  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-84**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-30**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.26
<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 48 OF 116
	<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. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-28**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

**B. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-27**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

**C. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-27**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.78
<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 49 OF 116
	<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. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-27**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

**B. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-27**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

**C. Kelly-Kustra, Colleen, Colleen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Southfield Dr  
 City Greensburg State PA Zip Code 15601-8640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Nutrition  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 363.69

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-26**  
 Amount of Each Receipt this Period 19.26  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.78
<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 50 OF 116
	<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. Knight, Heather, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Orchard Rd

City North Barrington	State IL	Zip Code 60010-2154
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) GM, US Hospital Products
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1735.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2020

**Transaction ID : 2020070611256-67**

Amount of Each Receipt this Period  

91.35
-------

 Memo Item

**B. Knight, Heather, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Orchard Rd

City North Barrington	State IL	Zip Code 60010-2154
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) GM, US Hospital Products
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1735.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : 2020072012335-65**

Amount of Each Receipt this Period  

91.35
-------

 Memo Item

**C. Knight, Heather, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Orchard Rd

City North Barrington	State IL	Zip Code 60010-2154
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) GM, US Hospital Products
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1735.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-63**

Amount of Each Receipt this Period  

91.35
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	274.05
<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: (check only one)	PAGE 51 OF 116
	<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. Knight, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Orchard Rd  
 City North Barrington State IL Zip Code 60010-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) GM, US Hospital Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2020  
**Transaction ID : 2020081212454-63**  
 Amount of Each Receipt this Period  
 91.35  
 Memo Item

**B. Knight, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Orchard Rd  
 City North Barrington State IL Zip Code 60010-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) GM, US Hospital Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2020  
**Transaction ID : 2020083116495-63**  
 Amount of Each Receipt this Period  
 91.35  
 Memo Item

**C. Knight, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Orchard Rd  
 City North Barrington State IL Zip Code 60010-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) GM, US Hospital Products  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1735.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-64**  
 Amount of Each Receipt this Period  
 91.35  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	274.05
<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: (check only one)	PAGE 52 OF 116
	<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. Knight, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 Orchard Rd  
 City North Barrington State IL Zip Code 60010-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) GM, US Hospital Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1735.65

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-61**  
 Amount of Each Receipt this Period 91.35  
 Memo Item

**B. Kosko, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 Kevin Dr  
 City Bethlehem State PA Zip Code 18017-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management East  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-126**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kosko, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 Kevin Dr  
 City Bethlehem State PA Zip Code 18017-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management East  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-124**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 116
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**Kosko, Michael, C, ,**

Mailing Address 423 Kevin Dr

City Bethlehem	State PA	Zip Code 18017-2455
-------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) AVP, Portfolio Management East
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-122**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Kosko, Michael, C, ,**

Mailing Address 423 Kevin Dr

City Bethlehem	State PA	Zip Code 18017-2455
-------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) AVP, Portfolio Management East
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-122**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Kosko, Michael, C, ,**

Mailing Address 423 Kevin Dr

City Bethlehem	State PA	Zip Code 18017-2455
-------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) AVP, Portfolio Management East
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-122**

Amount of Each Receipt this Period  
25.00

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 54 OF 116
	<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

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

**A. Kosko, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 Kevin Dr  
 City Bethlehem State PA Zip Code 18017-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management East  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-123**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kosko, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 Kevin Dr  
 City Bethlehem State PA Zip Code 18017-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management East  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-118**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-69**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 116
	<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. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-67**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-65**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-65**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<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 56 OF 116
	<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. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-65**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-66**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Kunzler, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4721 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Quality Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-63**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<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 57 OF 116
<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. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-96**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-94**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-92**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 58 OF 116
<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. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-92**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-92**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-93**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<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 59 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lester, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3623 Stanford Cir  
 City Falls Church State VA Zip Code 22041-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, Government Policy & Reimburse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-88**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 116
	<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. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-9**  
 Amount of Each Receipt this Period 25.00  
 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 61 OF 116
	<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. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Lex, Andreas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31240 Prairie Ridge Rd  
 City Libertyville State IL Zip Code 60048-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Sales- US Renal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Maniko, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-68**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<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 62 OF 116
	<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. Maniko, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-66**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Maniko, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-64**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Maniko, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-64**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 63 OF 116
	<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. Maniko, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Government Policy & Reimburseme
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
665.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2020

**Transaction ID : 2020083116495-64**

Amount of Each Receipt this Period  

35.00
-------

Memo Item

**B. Maniko, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Government Policy & Reimburseme
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
665.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2020

**Transaction ID : 2020090910374-65**

Amount of Each Receipt this Period  

35.00
-------

Memo Item

**C. Maniko, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Government Policy & Reimburseme
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
665.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2020

**Transaction ID : 2020092817175-62**

Amount of Each Receipt this Period  

35.00
-------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 64 OF 116
	<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. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

**B. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

**C. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.41
<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 65 OF 116
<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. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

**B. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

**C. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.41  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 116
	(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)  
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**A. Mason, Jeanne, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1000 Baxter International Inc Occupation (for Individual) SVP, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4407.08

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-2**  
 Amount of Each Receipt this Period 233.47  
 Memo Item

**B. Matheson-Miller, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Blackhawk Blvd  
 City South Beloit State IL Zip Code 61080-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) PD Clinical Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 16 / 2020  
**Transaction ID : 2020072012335-91**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Matheson-Miller, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Blackhawk Blvd  
 City South Beloit State IL Zip Code 61080-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) PD Clinical Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-89**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.47
<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 67 OF 116
	<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. Matheson-Miller, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Blackhawk Blvd  
 City South Beloit State IL Zip Code 61080-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) PD Clinical Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-89**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Matheson-Miller, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Blackhawk Blvd  
 City South Beloit State IL Zip Code 61080-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) PD Clinical Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-89**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Matheson-Miller, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Blackhawk Blvd  
 City South Beloit State IL Zip Code 61080-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) PD Clinical Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-90**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 68 OF 116  
(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**

**A. Matheson-Miller, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Blackhawk Blvd  
 City South Beloit State IL Zip Code 61080-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) PD Clinical Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-86**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Nail, Mark, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Consultant, Renal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-116**  
 Amount of Each Receipt this Period 26.00  
 Memo Item

**C. Nail, Mark, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Consultant, Renal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 07 / 16 / 2020  
**Transaction ID : 2020072012335-114**  
 Amount of Each Receipt this Period 26.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 116
	<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. Nail, Mark, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Consultant, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-112**

Amount of Each Receipt this Period  
26.00

Memo Item

**B. Nail, Mark, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Consultant, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-112**

Amount of Each Receipt this Period  
26.00

Memo Item

**C. Nail, Mark, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Consultant, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-112**

Amount of Each Receipt this Period  
26.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	78.00
<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 70 OF 116
	<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

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

**A. Nail, Mark, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Consultant, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2020

**Transaction ID : 2020090910374-113**

Amount of Each Receipt this Period  
26.00

Memo Item

**B. Nail, Mark, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Consultant, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2020

**Transaction ID : 2020092817175-108**

Amount of Each Receipt this Period  
26.00

Memo Item

**C. Pasternak, Timothy, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Quality - MP Quality
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2020

**Transaction ID : 2020072012335-163**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<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 71 OF 116
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Pasternak, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Quality - MP Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-161**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Pasternak, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Quality - MP Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-161**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Pasternak, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Quality - MP Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-160**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 72 OF 116
	<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. Pasternak, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Quality - MP Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-161**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Pasternak, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Quality - MP Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-156**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Pawelski, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3622 N Leavitt St  
 City Chicago State IL Zip Code 60618-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Global Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-111**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 73 OF 116
	<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. Pawelski, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3622 N Leavitt St  
 City Chicago State IL Zip Code 60618-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Global Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-109**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Pawelski, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3622 N Leavitt St  
 City Chicago State IL Zip Code 60618-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Global Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-107**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Pawelski, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3622 N Leavitt St  
 City Chicago State IL Zip Code 60618-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Global Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-107**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 74 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Pawelski, Lynn, , ,

Mailing Address 3622 N Leavitt St

City Chicago	State IL	Zip Code 60618-4822
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Global Regulatory Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2020  
**Transaction ID : 2020083116495-107**

Amount of Each Receipt this Period  
75.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Pawelski, Lynn, , ,

Mailing Address 3622 N Leavitt St

City Chicago	State IL	Zip Code 60618-4822
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Global Regulatory Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-108**

Amount of Each Receipt this Period  
75.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Pawelski, Lynn, , ,

Mailing Address 3622 N Leavitt St

City Chicago	State IL	Zip Code 60618-4822
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Global Regulatory Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-103**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 75 OF 116
	<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

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

**A. Payne, Frenchettia, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 Ashford Dr  
 City Upper Marlboro State MD Zip Code 20772-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-55**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Payne, Frenchettia, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 Ashford Dr  
 City Upper Marlboro State MD Zip Code 20772-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-54**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Payne, Frenchettia, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 Ashford Dr  
 City Upper Marlboro State MD Zip Code 20772-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-54**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 76 OF 116
	<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. Payne, Frenchettia, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 Ashford Dr  
 City Upper Marlboro State MD Zip Code 20772-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-54**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Payne, Frenchettia, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 Ashford Dr  
 City Upper Marlboro State MD Zip Code 20772-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-54**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Payne, Frenchettia, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 Ashford Dr  
 City Upper Marlboro State MD Zip Code 20772-2794  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Spec, Pharmacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-53**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 77 OF 116
	<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

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

**A. Prather, Craig, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42926 N Janette St  
 City Antioch State IL Zip Code 60002-8921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management West  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-32**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Prather, Craig, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42926 N Janette St  
 City Antioch State IL Zip Code 60002-8921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management West  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-30**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Prather, Craig, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42926 N Janette St  
 City Antioch State IL Zip Code 60002-8921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management West  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-29**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 78 OF 116
	<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. Prather, Craig, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42926 N Janette St

City Antioch	State IL	Zip Code 60002-8921
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) AVP, Portfolio Management West
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-29**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Prather, Craig, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42926 N Janette St

City Antioch	State IL	Zip Code 60002-8921
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) AVP, Portfolio Management West
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-29**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Prather, Craig, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42926 N Janette St

City Antioch	State IL	Zip Code 60002-8921
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) AVP, Portfolio Management West
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-29**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 79 OF 116
	<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

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

**A. Prather, Craig, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42926 N Janette St  
 City Antioch State IL Zip Code 60002-8921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) AVP, Portfolio Management West  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-28**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-26**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2020  
**Transaction ID : 2020072012335-24**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<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 80 OF 116
	<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. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-23**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-23**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-23**  
 Amount of Each Receipt this Period 25.00  
 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 81 OF 116
	<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. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 McIver St  
 City Greenville State SC Zip Code 29601-4408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-23**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Rainey, Chres, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 McIver St  
 City Greenville State SC Zip Code 29601-4408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Nat'l Accts-Alt Site  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-22**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Ramachandra, Sumant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Briarwood Ln  
 City Lincolnshire State IL Zip Code 60069-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Sci & Tech Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-155**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 82 OF 116
	<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. Ramachandra, Sumant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Briarwood Ln  
 City Lincolnshire State IL Zip Code 60069-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Sci & Tech Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-153**  
 Amount of Each Receipt this Period 0.00  
 Memo Item

**B. Ramachandra, Sumant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Briarwood Ln  
 City Lincolnshire State IL Zip Code 60069-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Sci & Tech Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-151**  
 Amount of Each Receipt this Period 0.00  
 Memo Item

**C. Ramachandra, Sumant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Briarwood Ln  
 City Lincolnshire State IL Zip Code 60069-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) SVP, Chief Sci & Tech Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-151**  
 Amount of Each Receipt this Period 0.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 83 OF 116
	<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. Ramachandra, Sumant, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Briarwood Ln

City Lincolnshire	State IL	Zip Code 60069-2500
----------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) SVP, Chief Sci & Tech Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-150**

Amount of Each Receipt this Period  
0.00

Memo Item

**B. Ramachandra, Sumant, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Briarwood Ln

City Lincolnshire	State IL	Zip Code 60069-2500
----------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) SVP, Chief Sci & Tech Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-151**

Amount of Each Receipt this Period  
0.00

Memo Item

**C. Ramachandra, Sumant, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Briarwood Ln

City Lincolnshire	State IL	Zip Code 60069-2500
----------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) SVP, Chief Sci & Tech Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : 2020092817175-146**

Amount of Each Receipt this Period  
0.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<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 84 OF 116
	<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. Riley, Crystal, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10210 Angora Dr  
 City Cheltenham State MD Zip Code 20623-1068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Mgr, Healthcare Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-34**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Riley, Crystal, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10210 Angora Dr  
 City Cheltenham State MD Zip Code 20623-1068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Mgr, Healthcare Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-32**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Riley, Crystal, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10210 Angora Dr  
 City Cheltenham State MD Zip Code 20623-1068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Mgr, Healthcare Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-31**  
 Amount of Each Receipt this Period 25.00  
 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 85 OF 116
	<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. Riley, Crystal, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10210 Angora Dr

City Cheltenham	State MD	Zip Code 20623-1068
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Mgr, Healthcare Reimb
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-31**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Riley, Crystal, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10210 Angora Dr

City Cheltenham	State MD	Zip Code 20623-1068
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Mgr, Healthcare Reimb
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-31**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Riley, Crystal, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10210 Angora Dr

City Cheltenham	State MD	Zip Code 20623-1068
--------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Sr Mgr, Healthcare Reimb
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-31**

Amount of Each Receipt this Period  
25.00

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 86 OF 116
	<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. Riley, Crystal, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10210 Angora Dr  
 City Cheltenham State MD Zip Code 20623-1068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Mgr, Healthcare Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-30**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Saccaro, James, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Ash St  
 City Winnetka State IL Zip Code 60093-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) EVP & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-1**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Saccaro, James, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Ash St  
 City Winnetka State IL Zip Code 60093-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) EVP & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-1**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	409.00
<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 87 OF 116
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Saccaro, James, K, ,

Mailing Address 915 Ash St

City Winnetka	State IL	Zip Code 60093-2437
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1000 Baxter International Inc	Occupation (for Individual) EVP & Chief Financial Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3648.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-1**

Amount of Each Receipt this Period  
192.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Saccaro, James, K, ,

Mailing Address 915 Ash St

City Winnetka	State IL	Zip Code 60093-2437
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1000 Baxter International Inc	Occupation (for Individual) EVP & Chief Financial Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3648.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-1**

Amount of Each Receipt this Period  
192.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Saccaro, James, K, ,

Mailing Address 915 Ash St

City Winnetka	State IL	Zip Code 60093-2437
------------------	-------------	------------------------

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

Name of Employer (for Individual) 1000 Baxter International Inc	Occupation (for Individual) EVP & Chief Financial Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3648.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-1**

Amount of Each Receipt this Period  
192.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 88 OF 116
	<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. Saccaro, James, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Ash St  
 City Winnetka State IL Zip Code 60093-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) EVP & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-1**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Saccaro, James, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Ash St  
 City Winnetka State IL Zip Code 60093-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1000 Baxter International Inc Occupation (for Individual) EVP & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-1**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**C. Sato, Eric, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Infusion Technologies  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-55**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	409.00
<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 89 OF 116
	<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. Sato, Eric, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Infusion Technologies
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : 2020072012335-53**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Sato, Eric, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Infusion Technologies
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-52**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Sato, Eric, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Infusion Technologies
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-52**

Amount of Each Receipt this Period  
25.00

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 90 OF 116
	<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. Sato, Eric, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Infusion Technologies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-52**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Sato, Eric, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Infusion Technologies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-52**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sato, Eric, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Infusion Technologies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-51**  
 Amount of Each Receipt this Period 25.00  
 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 91 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Schultejan, Greg, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 N Arizona Rd  
 City Apache Junction State AZ Zip Code 85119-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Rep, Infusion System Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-61**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Schultejan, Greg, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 N Arizona Rd  
 City Apache Junction State AZ Zip Code 85119-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Rep, Infusion System Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-60**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Schultejan, Greg, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 N Arizona Rd  
 City Apache Junction State AZ Zip Code 85119-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Rep, Infusion System Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-60**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 92 OF 116
	<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. Schultejan, Greg, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 N Arizona Rd  
 City Apache Junction State AZ Zip Code 85119-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Rep, Infusion System Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-60**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Schultejan, Greg, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 N Arizona Rd  
 City Apache Junction State AZ Zip Code 85119-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Rep, Infusion System Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-60**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Schultejan, Greg, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 N Arizona Rd  
 City Apache Junction State AZ Zip Code 85119-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Rep, Infusion System Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-59**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 93 OF 116  
(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**

**A. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie   State WI   Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation   Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-80**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie   State WI   Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation   Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 16 / 2020  
**Transaction ID : 2020072012335-78**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie   State WI   Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation   Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 06 / 2020  
**Transaction ID : 2020080713375-76**  
 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 94 OF 116
	<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. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie State WI Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2020  
**Transaction ID : 2020081212454-76**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie State WI Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2020  
**Transaction ID : 2020083116495-76**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie State WI Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-77**  
 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:	PAGE 95 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Seidman, Jesse, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 110th St  
 City Pleasant Prairie State WI Zip Code 53158-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Sr Dir, RA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-73**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Skala, Cathy, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Business Transformation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-24**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Skala, Cathy, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Business Transformation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2020  
**Transaction ID : 2020072012335-22**  
 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 96 OF 116
<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. Stoll, Elizabeth, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 286.58

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-50**  
 Amount of Each Receipt this Period 15.22  
 Memo Item

**B. Stoll, Elizabeth, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 286.58

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-49**  
 Amount of Each Receipt this Period 15.22  
 Memo Item

**C. Stoll, Elizabeth, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 286.58

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-49**  
 Amount of Each Receipt this Period 15.22  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.66
<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 97 OF 116
	<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. Stoll, Elizabeth, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.58

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-49**  
 Amount of Each Receipt this Period 15.22  
 Memo Item

**B. Stoll, Elizabeth, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.58

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-49**  
 Amount of Each Receipt this Period 15.22  
 Memo Item

**C. Stoll, Elizabeth, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Government Policy & Reimburseme  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 286.58

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-48**  
 Amount of Each Receipt this Period 15.22  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.66
<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 98 OF 116
	<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. Thompson, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-142**

Amount of Each Receipt this Period  

14.19
-------

 Memo Item

**B. Thompson, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-142**

Amount of Each Receipt this Period  

14.19
-------

 Memo Item

**C. Thompson, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-141**

Amount of Each Receipt this Period  

14.19
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.57
<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 99 OF 116
	<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. Thompson, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-142**

Amount of Each Receipt this Period  
14.19

Memo Item

**B. Thompson, Russell, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Region Mgr, Renal
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : 2020092817175-137**

Amount of Each Receipt this Period  
14.19

Memo Item

**C. Tufts, Brian, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9407 Lowell Ave

City Skokie	State IL	Zip Code 60076-1454
----------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Dir, Marketing
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2020

**Transaction ID : 2020070611256-16**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Tufts, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 Lowell Ave  
 City Skokie State IL Zip Code 60076-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-15**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Tufts, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 Lowell Ave  
 City Skokie State IL Zip Code 60076-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-15**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Tufts, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 Lowell Ave  
 City Skokie State IL Zip Code 60076-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-15**  
 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 101 OF 116
	<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. Tufts, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 Lowell Ave  
 City Skokie State IL Zip Code 60076-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-15**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Tufts, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 Lowell Ave  
 City Skokie State IL Zip Code 60076-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-15**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Tufts, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 Lowell Ave  
 City Skokie State IL Zip Code 60076-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Dir, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 23 / 2020**  
**Transaction ID : 2020092817175-14**  
 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 102 OF 116
	<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

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

**A. Vitou, Brian, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Wagar Rd

City Rocky River	State OH	Zip Code 44116-1101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Director, Integrated Health Systems
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : 2020072012335-16**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Vitou, Brian, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Wagar Rd

City Rocky River	State OH	Zip Code 44116-1101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Director, Integrated Health Systems
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-16**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Vitou, Brian, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Wagar Rd

City Rocky River	State OH	Zip Code 44116-1101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Director, Integrated Health Systems
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-16**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 103 OF 116
	<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

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

**A. Vitou, Brian, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Wagar Rd

City Rocky River	State OH	Zip Code 44116-1101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Director, Integrated Health Systems
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-16**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. Vitou, Brian, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Wagar Rd

City Rocky River	State OH	Zip Code 44116-1101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Director, Integrated Health Systems
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : 2020090910374-16**

Amount of Each Receipt this Period  
15.00

Memo Item

**C. Vitou, Brian, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 459 Wagar Rd

City Rocky River	State OH	Zip Code 44116-1101
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) Director, Integrated Health Systems
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : 2020092817175-15**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 104 OF 116
	<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

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

**A. Warren, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W347N6106 Road I  
 City Oconomowoc State WI Zip Code 53066-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Ops - Americas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **07 / 02 / 2020**  
**Transaction ID : 2020070611256-95**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Warren, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W347N6106 Road I  
 City Oconomowoc State WI Zip Code 53066-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Ops - Americas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : 2020072012335-93**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Warren, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W347N6106 Road I  
 City Oconomowoc State WI Zip Code 53066-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Ops - Americas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **08 / 06 / 2020**  
**Transaction ID : 2020080713375-91**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 105 OF 116
	<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. Warren, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W347N6106 Road I  
 City Oconomowoc State WI Zip Code 53066-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Ops - Americas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **08 / 12 / 2020**  
**Transaction ID : 2020081212454-91**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Warren, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W347N6106 Road I  
 City Oconomowoc State WI Zip Code 53066-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Ops - Americas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **08 / 26 / 2020**  
**Transaction ID : 2020083116495-91**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Warren, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W347N6106 Road I  
 City Oconomowoc State WI Zip Code 53066-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Ops - Americas  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : 2020090910374-92**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 106 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscany Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2020  
**Transaction ID : 2020070611256-144**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscany Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2020  
**Transaction ID : 2020072012335-142**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscany Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2020  
**Transaction ID : 2020080713375-140**  
 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: PAGE 107 OF 116  
(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**

**A. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscany Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 12 / 2020  
**Transaction ID : 2020081212454-140**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscany Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : 2020083116495-139**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscany Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : 2020090910374-140**  
 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 108 OF 116
	<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. Wilson, Ronald, Kent, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Tuscanv Vlg  
 City Amarillo State TX Zip Code 79119-6553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) Portfolio Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : 2020092817175-135**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Wilt, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Finance - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 07 / 02 / 2020  
**Transaction ID : 2020070611256-21**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wilt, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Finance - Operations & Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 07 / 16 / 2020  
**Transaction ID : 2020072012335-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 116
	<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. Wilt, Carl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Finance - Operations & Quality
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

**Transaction ID : 2020080713375-20**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Wilt, Carl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Finance - Operations & Quality
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2020

**Transaction ID : 2020081212454-20**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Wilt, Carl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 1001 Baxter Healthcare Corporation	Occupation (for Individual) VP, Finance - Operations & Quality
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : 2020083116495-20**

Amount of Each Receipt this Period  
25.00

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: PAGE 110 OF 116  
(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**

**A. Wilt, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Finance - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2020  
**Transaction ID : 2020090910374-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Wilt, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) 1001 Baxter Healthcare Corporation Occupation (for Individual) VP, Finance - Operations & Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : 2020092817175-19**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	15595.49

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Baxter Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DCCC**

Mailing Address 430 S Capitol St SE  
FI 2

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement  
2020 Contribution

011

Category/  
Type

Candidate Name

**DCCC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2020

FEC Identification Number

C C00000935

**Transaction ID : EB3E68E267I**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 1st St SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2020 Contribution

011

Category/  
Type

Candidate Name

**NRCC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2020

FEC Identification Number

C C00075820

**Transaction ID : 0EEA9BA94A**

Amount of Each Disbursement this Period

5000.00

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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

10000.00

**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"/> 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. Aaron Bean Campaign**

Mailing Address 305 Bonnieview Road

City  
Fernandina Beach

State  
FL

Zip Code  
32034

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C  
Transaction ID : D916749E729  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bob Rommel Campaign**

Mailing Address 3299 Tamiami Trail East

City  
Naples

State  
FL

Zip Code  
34112

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C  
Transaction ID : 73ACF1739E1  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Colleen Burton Campaign**

Mailing Address PO Box 2298

City  
Lakeland

State  
FL

Zip Code  
33806

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C  
Transaction ID : FDEE3148E4  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

3000.00

**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"/> 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. Friends of Donna Campbell**

Mailing Address PO Box 171002

City  
San Antonio

State  
TX

Zip Code  
78217

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : D0113D29E1**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Senator Jane Nelson**

Mailing Address P.O. Box 608

City  
Grapevine

State  
TX

Zip Code  
76099

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 030FC8B5872**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gayle Harrell Campaign**

Mailing Address PO Box 9508

City  
Port St. Lucie

State  
FL

Zip Code  
34985

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 535C3593F11**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City  
Spruce Pine

State  
NC

Zip Code  
28777

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 7E83E2561C**

Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sarah Davis Campaign**

Mailing Address 4148 Bellaire Blvd

City  
Houston

State  
TX

Zip Code  
77025

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 34D2E04186C**

Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Spencer Roach Campaign**

Mailing Address PO Box 3198

City  
North Palm Beach

State  
FL

Zip Code  
33918

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : C962F48F111**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

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

[REDACTED] 2500.00

[REDACTED]

**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"/> 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**

**A. Texans for Dan Patrick**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 70073

City Houston State TX Zip Code 77270

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 10 / 2020

FEC Identification Number: C  
Transaction ID : BF5DB647EF  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Texans for Greg Abbott**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 308

City Austin State TX Zip Code 78767

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 10 / 2020

FEC Identification Number: C  
Transaction ID : F72B36A0930  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. The Campaign To Elect Walter Four Price State Representative, House District 87**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1749

City Amarillo State TX Zip Code 79105

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 10 / 2020

FEC Identification Number: C  
Transaction ID : 54C1D92B7A  
Amount of Each Disbursement this Period: 500.00

Memo Item

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

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

2500.00

**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"/> 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. The Lois W. Kolkhorst Campaign**

Mailing Address PO Box 2546

City  
Brenham

State  
TX

Zip Code  
77834

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 6722923ED01**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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