

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Baxter Healthcare Corporation Political Action Committee

ADDRESS (number and street) 901 15th Street, NW Suite 500 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00117838 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09/01/2018 through 09/30/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Schwan, Joseph, , Mr., Type or Print Name of Treasurer

Signature of Treasurer Schwan, Joseph, , Mr., [Electronically Filed] Date 10/05/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2018"/>		40111.56
(b) Cash on Hand at Beginning of Reporting Period.....	44173.73	
(c) Total Receipts (from Line 19)	7332.24	89145.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	51505.97	129257.49
7. Total Disbursements (from Line 31).....	6500.00	84251.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45005.97	45005.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	5522.53	60770.48
(ii) Unitemized	1809.71	28375.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7332.24	89145.93
(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)	7332.24	89145.93
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)).....▶	7332.24	89145.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7332.24	89145.93

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	56000.00
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	11001.52
(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	11001.52
29. Other Disbursements (Including Non-Federal Donations).....	0.00	17250.00
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)) ..	6500.00	84251.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	84251.52

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7332.24	89145.93
34. Total Contribution Refunds (from Line 28(d))	0.00	11001.52
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7332.24	78144.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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. 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 USA	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		10		2018

Transaction ID : 2018091016413-194

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 USA	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		21		2018

Transaction ID : 2018092714534-192

Amount of Each Receipt this Period
15.00

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 USA	Occupation (for Individual) Dir, Manufacturing
---	---

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		10		2018

Transaction ID : 2018091016413-123

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
<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. 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 USA Occupation (for Individual) Dir, Manufacturing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-121
 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 USA Occupation (for Individual) Territory Mgr, Portfolio
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-156
 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 USA Occupation (for Individual) Territory Mgr, Portfolio
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-154
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<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 USA Occupation (for Individual) VP, HR - Operations & Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-163
 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 USA Occupation (for Individual) VP, HR - Operations & Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-161
 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 USA Occupation (for Individual) Dir, Business HR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-131
 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 9 OF 43
	<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 USA Occupation (for Individual) Dir, Business HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 21 / 2018**
Transaction ID : 2018092714534-129
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Boyer, Gregg, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 W Waltann Ln
 City Phoenix State AZ Zip Code 85023-3666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, Sales - National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 10 / 2018**
Transaction ID : 2018091016413-77
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Boyer, Gregg, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 W Waltann Ln
 City Phoenix State AZ Zip Code 85023-3666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, Sales - National Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 21 / 2018**
Transaction ID : 2018092714534-75
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<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, M, ,
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) Dir, Marketing
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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		10		2018

Transaction ID : 2018091016413-88

Amount of Each Receipt this Period
20.00

Memo Item

B. Brase, Jan, M, ,
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	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
09		21		2018

Transaction ID : 2018092714534-86

Amount of Each Receipt this Period
20.00

Memo Item

C. Calabrese, Donna, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39W727 Henry David Thoreau Pl

City St Charles	State IL	Zip Code 60175-6573
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) AVP, Portfolio Management Cent
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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		10		2018

Transaction ID : 2018091016413-56

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<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. Calabrese, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39W727 Henry David Thoreau Pl
 City St Charles State IL Zip Code 60175-6573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, Portfolio Management Cent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-55
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Carrillo, Rebecca, Lynne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1260 Bello Dr
 City Dixon State CA Zip Code 95620-4840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Educator, Renal Clinical Home
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 177.68

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-167
 Amount of Each Receipt this Period 9.11
 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 USA Occupation (for Individual) Dir, Fed Legislative Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-69
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.11
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<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 USA Occupation (for Individual) Dir, Fed Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-67
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Coin, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3533 New Hampshire Ave NW
 City Washington State DC Zip Code 20010-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Sr Dir, US Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.48

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-142
 Amount of Each Receipt this Period 55.59
 Memo Item

C. Coin, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3533 New Hampshire Ave NW
 City Washington State DC Zip Code 20010-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Sr Dir, US Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1045.48

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-140
 Amount of Each Receipt this Period 55.59
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	136.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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 802 Saxon Trl
 City Southlake State TX Zip Code 76092-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Region Mgr, Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-17
 Amount of Each Receipt this Period 11.89
 Memo Item

B. Cox, Bryan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Saxon Trl
 City Southlake State TX Zip Code 76092-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Region Mgr, Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 183.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-17
 Amount of Each Receipt this Period 11.89
 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 USA Occupation (for Individual) SVP, Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 478.86

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-53
 Amount of Each Receipt this Period 159.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
<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. 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 USA Occupation (for Individual) SVP, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 478.86

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-52
 Amount of Each Receipt this Period 159.62
 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 ▼ 1290.33

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-140
 Amount of Each Receipt this Period 63.39
 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 ▼ 1290.33

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-138
 Amount of Each Receipt this Period 63.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	286.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<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. Easton, Susan, Dawn, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3702 N Stoneybrook Blvd

City Bloomington	State IN	Zip Code 47404-1578
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) CMO Business Ops Strategy
---	--

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		10		2018

Transaction ID : 2018091016413-191

Amount of Each Receipt this Period
75.00

Memo Item

B. Easton, Susan, Dawn, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3702 N Stoneybrook Blvd

City Bloomington	State IN	Zip Code 47404-1578
---------------------	-------------	------------------------

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) CMO Business Ops Strategy
---	--

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		21		2018

Transaction ID : 2018092714534-189

Amount of Each Receipt this Period
75.00

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 USA	Occupation (for Individual) Region Mgr, Infusion System
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : 2018091016413-52

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<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. 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 USA Occupation (for Individual) Region Mgr, Infusion System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-51
 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 USA Occupation (for Individual) SVP, Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-185
 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 USA Occupation (for Individual) SVP, Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-183
 Amount of Each Receipt this Period 192.30
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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. Etienne, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 189 Lions Ct
 City Lake Zurich State IL Zip Code 60047-7012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1000 Baxter International Inc USA Occupation (for Individual) Sr Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-165
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Etienne, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 189 Lions Ct
 City Lake Zurich State IL Zip Code 60047-7012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1000 Baxter International Inc USA Occupation (for Individual) Sr Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-163
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Eyre, Brik, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 Paradise Ln
 City Libertyville State IL Zip Code 60048-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) SVP & President, Americas
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-16
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 18 OF 43
	<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. Eyre, Brik, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 Paradise Ln
 City Libertyville State IL Zip Code 60048-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) SVP & President, Americas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-16
 Amount of Each Receipt this Period 50.00
 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 USA Occupation (for Individual) Region Mgr, Infusion System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.18

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-199
 Amount of Each Receipt this Period 12.90
 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 USA Occupation (for Individual) Region Mgr, Infusion System
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 243.18

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-197
 Amount of Each Receipt this Period 12.90
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
<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. 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 USA Occupation (for Individual) VP, IT - MNF & SC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2018
Transaction ID : 2018091016413-1
 Amount of Each Receipt this Period 12.00
 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 USA Occupation (for Individual) VP, IT - MNF & SC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018092714534-1
 Amount of Each Receipt this Period 12.00
 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 USA Occupation (for Individual) Dir, Global GAPP Hospital Prod
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1874.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2018
Transaction ID : 2018091016413-205
 Amount of Each Receipt this Period 99.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	123.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<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 USA Occupation (for Individual) Dir, Global GAPP Hospital Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.29

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-203
 Amount of Each Receipt this Period 99.26
 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 USA Occupation (for Individual) Sr Med Director, US/CAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-146
 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 USA Occupation (for Individual) Sr Med Director, US/CAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-144
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	199.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43
	<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. Gibson, Arthur, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3775 Riverly Trce
 City Marietta State GA Zip Code 30067-4241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) VP, Environ, Health & Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1255.86

Date of Receipt
 09 / 10 / 2018
Transaction ID : 2018091016413-12
 Amount of Each Receipt this Period 66.51
 Memo Item

B. Gibson, Arthur, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3775 Riverly Trce
 City Marietta State GA Zip Code 30067-4241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) VP, Environ, Health & Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1255.86

Date of Receipt
 09 / 21 / 2018
Transaction ID : 2018092714534-12
 Amount of Each Receipt this Period 66.51
 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 USA Occupation (for Individual) Dir, HR - US Hosp Products
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 09 / 10 / 2018
Transaction ID : 2018091016413-114
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.02
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<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. 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 USA Occupation (for Individual) Dir, HR - US Hosp Products
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-112
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Kelly-Kustra, Colleen, Colleen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Rainprint Ln
 City Murrysville State PA Zip Code 15668-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Spec, Nutrition
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 354.78

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-30
 Amount of Each Receipt this Period 18.26
 Memo Item

C. Kelly-Kustra, Colleen, Colleen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Rainprint Ln
 City Murrysville State PA Zip Code 15668-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Spec, Nutrition
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 354.78

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-29
 Amount of Each Receipt this Period 18.26
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.52
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<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. 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 USA Occupation (for Individual) AVP, Portfolio Management East
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-153
 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 USA Occupation (for Individual) AVP, Portfolio Management East
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-151
 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 USA Occupation (for Individual) SVP, Chief Quality Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-85
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.30
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 43
<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. 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 USA Occupation (for Individual) SVP, Chief Quality Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-83
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Labedz, Ericka, Tiernan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Broadview Ave
 City Highland Park State IL Zip Code 60035-4610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Mgr, Legal Comm & Transactions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-64
 Amount of Each Receipt this Period 15.00
 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 USA Occupation (for Individual) Dir, Global GAPP Renal Product
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-119
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.30
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) Dir, Global GAPP Renal Product
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
855.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 2018092714534-117

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) VP, Sales- US Renal
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : 2018091016413-5

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 USA	Occupation (for Individual) VP, Sales- US Renal
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 2018092714534-5

Amount of Each Receipt this Period
25.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
<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. Luce, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 Kristin Dr
 City Libertyville State IL Zip Code 60048-1285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) GM, US Hospital Products
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-180
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Luce, Scott, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 Kristin Dr
 City Libertyville State IL Zip Code 60048-1285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) GM, US Hospital Products
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-178
 Amount of Each Receipt this Period 20.00
 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 USA Occupation (for Individual) Dir, Fed Legislative Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-84
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
	<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 USA Occupation (for Individual) Dir, Fed Legislative Affairs
 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 / 21 / 2018
Transaction ID : 2018092714534-82
 Amount of Each Receipt this Period
 35.00
 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 USA Occupation (for Individual) SVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4218.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2018
Transaction ID : 2018091016413-92
 Amount of Each Receipt this Period
 223.08
 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 USA Occupation (for Individual) SVP, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4218.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 2018092714534-90
 Amount of Each Receipt this Period
 223.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	481.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43
	<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. Mendenhall, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 747
 Baxter Expat Admin
 City Deerfield State IL Zip Code 60015-0747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1003 Baxter World Trade Corporation US Occupation (for Individual) Away on Assignment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-37
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Mendenhall, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 747
 Baxter Expat Admin
 City Deerfield State IL Zip Code 60015-0747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1003 Baxter World Trade Corporation US Occupation (for Individual) Away on Assignment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-36
 Amount of Each Receipt this Period 25.00
 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 USA Occupation (for Individual) Consultant, Renal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-143
 Amount of Each Receipt this Period 26.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43
	<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	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		21		2018

Transaction ID : 2018092714534-141

Amount of Each Receipt this Period
26.00

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	Occupation (for Individual) Dir, Quality - MP Quality
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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		10		2018

Transaction ID : 2018091016413-201

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

Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA	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
09		21		2018

Transaction ID : 2018092714534-199

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.00
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 30 OF 43
<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. 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 USA Occupation (for Individual) Spec, Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.93

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-71
 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 USA Occupation (for Individual) Spec, Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.93

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-69
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Pitman, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 917 Deer Park Lake Rd
 City Spruce Pine State NC Zip Code 28777-8474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Sr Principal Eng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 793.47

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-187
 Amount of Each Receipt this Period 44.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	74.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 43
	<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. Pitman, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 917 Deer Park Lake Rd
 City Spruce Pine State NC Zip Code 28777-8474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) Sr Principal Eng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 793.47

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-185
 Amount of Each Receipt this Period 44.00
 Memo Item

B. Prather, Craig, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40819 N Gridley Dr
 City Antioch State IL Zip Code 60002-8898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, Portfolio Management West
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-32
 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 40819 N Gridley Dr
 City Antioch State IL Zip Code 60002-8898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, Portfolio Management West
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.00
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 32 OF 43
<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. 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 USA	Occupation (for Individual) Dir, Nat'l Accts-Alt Site
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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	/	10	/	2018

Transaction ID : 2018091016413-26

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 USA	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	/	21	/	2018

Transaction ID : 2018092714534-25

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2018

Transaction ID : 2018091016413-190

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 43
	<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 USA	Occupation (for Individual) SVP, Chief Sci & Tech Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : 2018092714534-188

Amount of Each Receipt this Period
400.00

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 USA	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		10		2018

Transaction ID : 2018091016413-34

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 USA	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		21		2018

Transaction ID : 2018092714534-33

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 34 OF 43
	<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. 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 USA Occupation (for Individual) EVP & Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-87
 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 USA Occupation (for Individual) EVP & Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-85
 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 USA Occupation (for Individual) VP, Infusion Technologies
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-67
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 43
	<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. 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 USA	Occupation (for Individual) VP, Infusion Technologies
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
09 / 21 / 2018
Transaction ID : 2018092714534-65

Amount of Each Receipt this Period
25.00

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 USA	Occupation (for Individual) Rep, Infusion System Sales
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
09 / 10 / 2018
Transaction ID : 2018091016413-79

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 USA	Occupation (for Individual) Rep, Infusion System Sales
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt
09 / 21 / 2018
Transaction ID : 2018092714534-77

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 43
<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. 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) 1000 Baxter International Inc USA	Occupation (for Individual) VP, Business Transformation
--	--

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		10		2018

Transaction ID : 2018091016413-21

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) 1000 Baxter International Inc USA	Occupation (for Individual) VP, Business Transformation
--	--

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		21		2018

Transaction ID : 2018092714534-21

Amount of Each Receipt this Period
20.00

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 USA	Occupation (for Individual) Dir, State Gov't Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

Transaction ID : 2018091016413-62

Amount of Each Receipt this Period
14.28

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.28
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 37 OF 43
	<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 USA Occupation (for Individual) Dir, State Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.60

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-61
 Amount of Each Receipt this Period 14.28
 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 USA Occupation (for Individual) Region Mgr, Renal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.71

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-176
 Amount of Each Receipt this Period 13.83
 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 USA Occupation (for Individual) Region Mgr, Renal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 261.71

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-174
 Amount of Each Receipt this Period 13.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 43
<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. Vitou, Brian, C, ,
 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 USA Occupation (for Individual) Director, Integrated Health Systems
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-15
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Vitou, Brian, C, ,
 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 USA Occupation (for Individual) Director, Integrated Health Systems
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-15
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Walker, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1082 Lee Road 368
 City Valley State AL Zip Code 36854-6532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, MD IS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-68
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 43
	<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. Walker, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1082 Lee Road 368
 City Valley State AL Zip Code 36854-6532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) AVP, MD IS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-66
 Amount of Each Receipt this Period 20.00
 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 USA Occupation (for Individual) VP, Ops - Hospital Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-117
 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 USA Occupation (for Individual) VP, Ops - Hospital Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-115
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 43
<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. 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 USA Occupation (for Individual) Portfolio Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-174
 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 USA Occupation (for Individual) Portfolio Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-172
 Amount of Each Receipt this Period 20.00
 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 USA Occupation (for Individual) VP, Finance-Global Businesses
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-19
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 43
(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 USA Occupation (for Individual) VP, Finance-Global Businesses
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-19
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Zinselmeier, Kristie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Berkshire Ln
 City Lincolnshire State IL Zip Code 60069-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) VP, National & Strategic Accts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 2018091016413-127
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Zinselmeier, Kristie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Berkshire Ln
 City Lincolnshire State IL Zip Code 60069-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1001 Baxter Healthcare Corporation USA Occupation (for Individual) VP, National & Strategic Accts
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 2018092714534-125
 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).....	5522.53

**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. Grassley Committee Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304-1000

Purpose of Disbursement
2022 Primary

011

Category/
Type

Candidate Name

Grassley, Charles, E., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IA

District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2018

FEC Identification Number

C C00230482

Transaction ID : C15A223243E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

McConnell, Mitch, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: KY

District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00193342

Transaction ID : CB919E30CC

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Meadows For Congress

Mailing Address PO Box 811

City
Hendersonville

State
NC

Zip Code
28793

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Meadows, Mark, Randall, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NC

District: 11

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00503094

Transaction ID : 9F35C77D1F

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

A. Schneider For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1318

City: Deerfield State: IL Zip Code: 60015

Purpose of Disbursement: 2018 General

Candidate Name: **Schneider, Bradley, Scott, ,**

Office Sought: House Senate President
State: IL District: 10

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: **C00495952**
Transaction ID : **ADC4F3ECAI**

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Trey For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 421

City: Jeffersonville State: IN Zip Code: 47130

Purpose of Disbursement: 2018 General

Candidate Name: **Hollingsworth, Trey, , ,**

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 10 / 2018

FEC Identification Number: **C00590463**
Transaction ID : **5C51D6B075I**

Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	6500.00