

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.
Fresenius Medical Care North America PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer Eric Bishop [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="93762.04"/>	<input type="text" value="93762.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44864.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12388.94"/>	<input type="text" value="36816.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="57253.72"/>	<input type="text" value="130578.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22192.45"/>	<input type="text" value="95517.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35061.27"/>	<input type="text" value="35061.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Fresenius Medical Care North America PAC

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).....	7501.77	21389.34
(ii) Unitemized	4887.17	15075.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12388.94	36464.35
(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)	12388.94	36464.35
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	352.18
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))..... ▶	12388.94	36816.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12388.94	36816.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	192.45	517.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	192.45	517.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	95000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22192.45	95517.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22192.45	95517.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12388.94	36464.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12388.94	36464.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	192.45	517.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	352.18
38. Net Operating Expenditures (subtract Line 37 from Line 36)	192.45	165.12

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:
Transaction ID:

**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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

A. David Cariello
 Full Name (Last, First, Middle Initial)
 Mailing Address 2219 Hollywood Blvd, Suite 101
 City Hallandale State FL Zip Code 33009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: VP of Real Estate & Construction Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 03 / 31 / 2015
Transaction ID : AF397FD88BE9F41F7B69
 Amount of Each Receipt this Period: 115.38
 Payroll Deduction: \$115.38/

B. Kim Sonnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1875 I St NW FI 12
 City Washington State DC Zip Code 20006-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: SVP Marketing & Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 03 / 31 / 2015
Transaction ID : A31974D5C543342768E3
 Amount of Each Receipt this Period: 390.00
 Payroll Deduction: \$390.00/

C. Erma Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter St
 City Waltham State MA Zip Code 02451-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 03 / 31 / 2015
Transaction ID : AC384634CC3314048ABA
 Amount of Each Receipt this Period: 114.00
 Payroll Deduction: \$114.00/

SUBTOTAL of Receipts This Page (optional).....▶	619.38
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 21
<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)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Deborah Harvey

Mailing Address 100 Galleria Pkwy SE
Ste 500

City Atlanta State GA Zip Code 30339-3165

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A83F25B6720E74BF594A

Amount of Each Receipt this Period
450.00

Payroll Deduction: \$450.00/

Full Name (Last, First, Middle Initial)
B. Nicholas Brownlee

Mailing Address 1875 I St NW
FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer Fresenius Medical Care NA Occupation President SRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
03 / 31 / 2015
Transaction ID : AEA424318787049918D8

Amount of Each Receipt this Period
576.90

Payroll Deduction: \$576.90/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Director of Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A5B96E3AF3AAD4E3B88C

Amount of Each Receipt this Period
120.00

Payroll Deduction: \$120.00/

SUBTOTAL of Receipts This Page (optional).....	1146.90
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 21
<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)
Fresenius Medical Care North America PAC

A. Anthony Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **217.00**

Date of Receipt: 03 / 31 / 2015
Transaction ID : AF0AF35F4F8084C88BDA

Amount of Each Receipt this Period: **93.00**

Payroll Deduction: \$93.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: VP Development Acquisitions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: 03 / 31 / 2015
Transaction ID : A81E85849978447AC87A

Amount of Each Receipt this Period: **90.00**

Payroll Deduction: \$90.00/

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

Mailing Address 927 Prairie Ave

City Park Ridge State IL Zip Code 60068-3937

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

Name of Employer: Fresenius Medical Care NA Occupation: Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.17**

Date of Receipt: 03 / 31 / 2015
Transaction ID : AA16ACBA17518403692C

Amount of Each Receipt this Period: **576.93**

Payroll Deduction: \$576.93/

SUBTOTAL of Receipts This Page (optional).....▶	759.93
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 21
<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)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Donna McCarthy

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt: **03 / 31 / 2015**

Transaction ID : A7200B774F26B42A9A75

Amount of Each Receipt this Period: **346.14**

Payroll Deduction: \$346.14/

Full Name (Last, First, Middle Initial)
B. Allen Mills

Mailing Address 210 N Church St Unit 2914

City Charlotte State NC Zip Code 28202-2387

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

Name of Employer: Fresenius Medical Care NA Occupation: Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt: **03 / 31 / 2015**

Transaction ID : AC26971FBA8ED4CF8AD9

Amount of Each Receipt this Period: **115.38**

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)
C. Terry L Ketchersid

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **03 / 31 / 2015**

Transaction ID : AA72E7DC1BDF84083AA7

Amount of Each Receipt this Period: **150.00**

Payroll Deduction: \$150.00/

SUBTOTAL of Receipts This Page (optional).....▶	611.52
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 11 OF 21
<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)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Mignon Early

Mailing Address 124 Verdae Blvd

City Greenville State SC Zip Code 29607-3843

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : AA5445B330CD1451EAFF

Amount of Each Receipt this Period **90.00**

Payroll Deduction: \$90.00/

Full Name (Last, First, Middle Initial)
B. William Perry

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : AA03965D1A2F348C1A4C

Amount of Each Receipt this Period **90.00**

Payroll Deduction: \$90.00/

Full Name (Last, First, Middle Initial)
C. Robert P. Loeper

Mailing Address 1875 I St NW
FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **03 / 31 / 2015**

Transaction ID : AD1A15A96FB1940D7A1F

Amount of Each Receipt this Period **115.38**

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional)..... **295.38**

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 21
	<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)
Fresenius Medical Care North America PAC

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA
Occupation: SVP, Human Resources & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.17**

Date of Receipt: **03 / 31 / 2015**

Transaction ID : A76BFE76AEAB44E48BD3

Amount of Each Receipt this Period: **576.93**

Payroll Deduction: \$576.93/

Full Name (Last, First, Middle Initial)
B. Stephanie DeFranco

Mailing Address 525 Sycamore Dr

City Milpitas State CA Zip Code 95035-7429

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

Name of Employer: Fresenius Medical Care NA
Occupation: Director, New Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt: **03 / 31 / 2015**

Transaction ID : AC5D12AF13F28446982E

Amount of Each Receipt this Period: **115.38**

Payroll Deduction: \$115.38/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA
Occupation: VP Operations Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt: **03 / 31 / 2015**

Transaction ID : A8164127D7DA245D9A7F

Amount of Each Receipt this Period: **115.38**

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional).....▶	807.69
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 21
	<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)
Fresenius Medical Care North America PAC

A. Steven P Covino
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Director of Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A28B21355CCE34B71AF6

Amount of Each Receipt this Period
144.24

Payroll Deduction: \$144.24/

B. William Fink
Full Name (Last, First, Middle Initial)

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421-3103

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

Name of Employer Fresenius Medical Care NA Occupation VP, ITG

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
03 / 31 / 2015

Transaction ID : AEED8FAAB6ACA4740B5E

Amount of Each Receipt this Period
150.00

Payroll Deduction: \$150.00/

C. Matthew D Kinser
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation VP Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : A40449F9B4C1B4616A23

Amount of Each Receipt this Period
115.38

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional).....▶	409.62
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 21
	<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)
Fresenius Medical Care North America PAC

A. Maria Burke
Full Name (Last, First, Middle Initial)

Mailing Address 129 W Trade St
Ste 1050

City Charlotte State NC Zip Code 28202-5303

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

Name of Employer Fresenius Medical Care NA Occupation VP Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
03 / 31 / 2015

Transaction ID : AE9A8945DF67545BC8BA

Amount of Each Receipt this Period
90.00

Payroll Deduction: \$90.00/

B. Michelle Cowens
Full Name (Last, First, Middle Initial)

Mailing Address 516 Goldenwest St

City Huntington Beach State CA Zip Code 92648-2639

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

Name of Employer Fresenius Medical Care NA Occupation Vice President, Physician Practice Ser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
03 / 31 / 2015

Transaction ID : A2A8FBA97F8AE44CF8F7

Amount of Each Receipt this Period
115.38

Payroll Deduction: \$115.38/

C. Richard Van Zandt
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Vice President - Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
03 / 31 / 2015

Transaction ID : A68F3B345189D4B33979

Amount of Each Receipt this Period
115.38

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional).....▶	320.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Liam Walsh

Mailing Address 1875 I St NW
FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer Fresenius Medical Care NA Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
469.00

Date of Receipt
03 / 31 / 2015

Transaction ID : AF831595A23984FC28AA

Amount of Each Receipt this Period
201.00

Payroll Deduction: \$201.00/

Full Name (Last, First, Middle Initial)
B. Robert Sepucha

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.17

Date of Receipt
03 / 31 / 2015

Transaction ID : A4703D94D9D14438802

Amount of Each Receipt this Period
576.93

Payroll Deduction: \$576.93/

Full Name (Last, First, Middle Initial)
C. Douglas G. Kott

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
03 / 31 / 2015

Transaction ID : ADEBC07C505D04B35BA7

Amount of Each Receipt this Period
576.90

Payroll Deduction: \$576.90/

SUBTOTAL of Receipts This Page (optional).....▶	1354.83
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

A. Paul Zabetakis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1875 I St NW
 FI 12
 City Washington State DC Zip Code 20006-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation President, RRI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2015
Transaction ID : A240C35650A564173899
 Amount of Each Receipt this Period 115.38
 Payroll Deduction: \$115.38/

B. Carol A Ernst
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter St
 City Waltham State MA Zip Code 02451-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Area Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2015
Transaction ID : A312546514CC242848B5
 Amount of Each Receipt this Period 115.38
 Payroll Deduction: \$115.38/

C. Peter Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Winter St
 City Waltham State MA Zip Code 02451-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation President - Fresenius Health Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 03 / 31 / 2015
Transaction ID : AFA595C3D93274E0EB6E
 Amount of Each Receipt this Period 165.00
 Payroll Deduction: \$165.00/

SUBTOTAL of Receipts This Page (optional).....▶	395.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<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)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)
A. Jeffrey Hymes

Mailing Address 750 Old Hickory Blvd
Ste 230

City Brentwood State TN Zip Code 37027-4528

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

Name of Employer Fresenius Medical Care NA Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A4C21E30EC00440D6AB6

Amount of Each Receipt this Period
300.00

Payroll Deduction: \$300.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation VP Quality Systems & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
03 / 31 / 2015
Transaction ID : A8C217C9197C145F69AD

Amount of Each Receipt this Period
120.00

Payroll Deduction: \$120.00/

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

Mailing Address 82 Belcher Dr

City Sudbury State MA Zip Code 01776-1247

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

Name of Employer Fresenius Medical Care NA Occupation SVP Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
03 / 31 / 2015
Transaction ID : AFC26D91A38F046CCBA6

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$360.00/

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	7501.77

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

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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117-5134

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : BAA0A9F3969AC410792E

Amount of Each Disbursement this Period

192.45

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

192.45

192.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Debbie A. Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : BAD9D21229C474D1AA84

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Rob J. Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2015

Transaction ID : B31D34CA9A54C4195A02

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : BBED71F089EA244FDB6C

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Ben L. Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : BDA4CC7F0D500470484D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Cathy A. McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : BAB3E882EF24B430BBEE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement
Direct Contribution

Candidate Name

Sen. Tim E. Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : B10171D124FC146F5A9B

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Continuing America's Strength & Security PAC - CASS PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : BC9BAFDB7C399427AA86

Amount of Each Disbursement this Period

5000.00

B.

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

22000.00