



**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"/>		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	38611.52	
(c) Total Receipts (from Line 19) .....	8413.54	53447.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47025.06	147209.81
7. Total Disbursements (from Line 31).....	16167.45	116352.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30857.61	30857.61
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6369.62	33060.14
(ii) Unitemized .....	2043.92	20035.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8413.54	53095.59
(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) .....	8413.54	53095.59
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	352.18
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))..... ▶	8413.54	53447.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8413.54	53447.77

**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 .....	167.45	852.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	167.45	852.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	115500.00
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)) ..	16167.45	116352.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16167.45	116352.20

**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) .....	8413.54	53095.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8413.54	53095.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	167.45	852.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	167.45	852.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Christopher L. Constantine**  
Full Name (Last, First, Middle Initial)

Mailing Address 10441 S Bridgewater Dr

City State Zip Code  
Oak Creek WI 53154-7951

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

Name of Employer Occupation  
Fresenius Medical Care NA Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2015  
**Transaction ID : 9205357**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 927 Prairie Avenue

City State Zip Code  
Park Ridge IL 60068

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

Name of Employer Occupation  
Fresenius Medical Care NA Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2115.41

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015  
**Transaction ID : PR110048117425**

Amount of Each Receipt this Period  
384.62

P/R Deduction (\$384.62 Monthly)

**C. Tracey E Ramsey Abbott**  
Full Name (Last, First, Middle Initial)

Mailing Address 8620 Burnet Rd, Suite 400

City State Zip Code  
Austin TX 78757

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

Name of Employer Occupation  
Fresenius Medical Care NA RN COM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015  
**Transaction ID : PR117492317425**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 674.62

**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:	PAGE 7 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Stephanie DeFranco**  
Full Name (Last, First, Middle Initial)  
Mailing Address 525 Sycamore Drive  
City Milpitas State CA Zip Code 95035  
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 ▼ 423.06

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015  
**Transaction ID : PR117492617425**  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$76.92 Monthly)

**B. Kathleen Kawa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 Glacier Avenue  
City Westwood State MA Zip Code 02090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015  
**Transaction ID : PR117493017425**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

**C. Julia Brennan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 King Road  
City Rockleigh State NJ Zip Code 07647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP Business Relations Spectra Labs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015  
**Transaction ID : PR117493517425**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<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. Donald N Cantalupo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Patterson Plank Rd, #313  
 City Jersey City State NJ Zip Code 07307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation RSM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : PR117601817425**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

**B. Michelle Cowens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 516 Goldenwest  
 City Huntington Beach State CA Zip Code 92648  
 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 ▼ 423.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : PR117602017425**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$76.92 Monthly)

**C. Robert D Crick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3501 Moyers Circle, Suite 200  
 City Masonic Home State KY Zip Code 40041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : PR117602117425**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
<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. Joseph H Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter Street  
 City Waltham State MA Zip Code 02451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Sr VP of Biomedical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR117602317425**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

**B. Joseph Ruma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter Street  
 City Waltham State MA Zip Code 02451  
 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 ▼ 330.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR120637117425**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

**C. Brian Silva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter Street  
 City Waltham State MA Zip Code 02451  
 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 ▼ 2115.41

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR124957117425**  
 Amount of Each Receipt this Period 384.62  
 P/R Deduction (\$384.62 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 494.62  
**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 10 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Marion Andersen**

Mailing Address 475 West 13th Street

City Ogden State UT Zip Code 84404

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

Name of Employer: Fresenius Medical Care NA  
Occupation: Principal Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : PR127647317425**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Grant Asay**

Mailing Address 1421 Champion Forest Ct

City Wheaton State IL Zip Code 60187

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

Name of Employer: Fresenius Medical Care NA  
Occupation: General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : PR127647417425**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 211 Claybook Rd.

City Dover State MA Zip Code 02030-2008

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 ▼ **2115.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : PR78835817425**

Amount of Each Receipt this Period  
**384.60**

P/R Deduction (\$384.60 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **463.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<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. Nicholas Brownlee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Deer Grass Ln  
 City Acton State MA Zip Code 01720-4755  
 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 **2115.30**

Date of Receipt **05 / 31 / 2015**  
**Transaction ID : PR78836517425**  
 Amount of Each Receipt this Period **384.60**  
 P/R Deduction (\$384.60 Monthly)

**B. Robert P. Loeper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10431 Oakbrook Dr  
 City Tampa State FL Zip Code 33618-5352  
 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 **423.06**

Date of Receipt **05 / 31 / 2015**  
**Transaction ID : PR78837517425**  
 Amount of Each Receipt this Period **76.92**  
 P/R Deduction (\$76.92 Monthly)

**C. Allen Mills**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 West Trade Street, Suite 1050  
 City Charlotte State NC Zip Code 28202  
 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 **423.06**

Date of Receipt **05 / 31 / 2015**  
**Transaction ID : PR78837917425**  
 Amount of Each Receipt this Period **76.92**  
 P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>538.44</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
<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. Monica Cobb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5251 Dtc Pkwy Suite 500  
City Greenwood Village State CO Zip Code 80111  
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 ▼ 211.53

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR78839117425**  
Amount of Each Receipt this Period 38.46  
P/R Deduction (\$38.46 Monthly)

**B. Erma Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3850 N Causeway  
City Metairie State LA Zip Code 70002-4719  
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 ▼ 418.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR78839617425**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$76.00 Monthly)

**C. Deborah Harvey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1602 Hampton Oaks Bnd  
City Marietta State GA Zip Code 30066-4451  
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 ▼ 1650.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR78839717425**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$300.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 414.46  
**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 29
<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. Donna McCarthy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5251 DTC Parkway, Suite 500

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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 ▼  
1269.18

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR78839917425**

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$230.76 Monthly)

**B. Liam Walsh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5809 Chatham Ln

City The Colony	State TX	Zip Code 75056-7109
--------------------	-------------	------------------------

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 ▼  
737.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR78840017425**

Amount of Each Receipt this Period  
134.00

P/R Deduction (\$134.00 Monthly)

**C. Kim Sonnen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 240 S Madison St

City Denver	State CO	Zip Code 80209-3010
----------------	-------------	------------------------

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

Name of Employer Fresenius Medical Care NA	Occupation SVP Marketing & Managed Care
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR78840117425**

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$260.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<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) <b>A. Paul Zabetakis</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : PR78840517425</b>
Mailing Address 920 Winter Street Suite 303		Amount of Each Receipt this Period 76.92
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation President, RRI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
		P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Anthony Hayes</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : PR78840717425</b>
Mailing Address 100 Galleria Parkway, SE Suite 500 Suite 500 - 5th Floor		Amount of Each Receipt this Period 62.00
City Atlanta	State GA	Zip Code 30339-7004
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Group Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.00	
		P/R Deduction (\$62.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Steven P Covino</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : PR78849517425</b>
Mailing Address 6 Williams Street		Amount of Each Receipt this Period 96.16
City Waltham	State MA	Zip Code 02453-4131
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Director of Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.88	
		P/R Deduction (\$96.16 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
<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. Carol A Ernst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22370 N 64th Ave  
 City Glendale State AZ Zip Code 85310-4259  
 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 ▼ 423.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : PR78850017425**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$76.92 Monthly)

**B. Matthew D Kinser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Old Hickory Blvd Suite 230 Suite 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 VP Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : PR78851517425**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$76.92 Monthly)

**C. Charles E Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4640 Glen Coe Street  
 City Leesburg State FL Zip Code 34748-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Clinical Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : PR78853617425**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	193.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<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) <b>A. Mark R Fawcett</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : PR78855817425</b>
Mailing Address 100 Franklin Street		Amount of Each Receipt this Period 38.46
City Arlington	State MA	Zip Code 02474-3214
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Nicole Devore</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : PR78857517425</b>
Mailing Address 801 Pennsylvania Ave NW Suite 225 Suite 225		Amount of Each Receipt this Period 38.46
City Washington	State DC	Zip Code 20004-2604
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial) <b>C. Jayme Patterson</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 <b>Transaction ID : PR78859017425</b>
Mailing Address 475 West 13th Street		Amount of Each Receipt this Period 40.00
City Ogden	State UT	Zip Code 84404
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Director of Solutions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<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. Judith Moran**

Mailing Address 2201 South Clinton Ave 2nd Floor  
2nd Floor

City State Zip Code  
South Plainfield NJ 07080-1473

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

Name of Employer Occupation  
Fresenius Medical Care NA Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR78860017425**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

City State Zip Code  
Waltham MA 02451

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

Name of Employer Occupation  
Fresenius Medical Care NA Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2115.41

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR78860817425**

Amount of Each Receipt this Period  
384.62

P/R Deduction (\$384.62 Monthly)

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

Mailing Address 262 Berenger Walk

City State Zip Code  
West Palm Beach FL 33414

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

Name of Employer Occupation  
Fresenius Medical Care NA Director of Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR78862917425**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 503.08

**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 29
	<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. Michael Ramsey**

Mailing Address 4 Cubs Path

City State Zip Code  
Hopkinton MA 01748

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

Name of Employer Occupation  
Fresenius Medical Care NA Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR78863117425**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Geronia F Parlier**

Mailing Address 6100 Dutchmans Lane, 8th Floor

City State Zip Code  
Louisville KY 40205

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

Name of Employer Occupation  
Fresenius Medical Care NA VP UltraCare Customer Connection

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR79795917425**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Jenny Lee Fischer**

Mailing Address 920 Winter Street

City State Zip Code  
Waltham MA 02451

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

Name of Employer Occupation  
Fresenius Medical Care NA Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR79796517425**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

**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:	PAGE 19 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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 ▼ **550.00**

Date of Receipt: **05 / 31 / 2015**

**Transaction ID : PR79797617425**

Amount of Each Receipt this Period: **100.00**

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Manikandan Pandi**

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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 ▼ **211.53**

Date of Receipt: **05 / 31 / 2015**

**Transaction ID : PR79798317425**

Amount of Each Receipt this Period: **38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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 ▼ **423.06**

Date of Receipt: **05 / 31 / 2015**

**Transaction ID : PR81310817425**

Amount of Each Receipt this Period: **76.92**

P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>215.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<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. William Fink**

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02451

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 ▼ **550.00**

Date of Receipt **05 / 31 / 2015**

**Transaction ID : PR83067517425**

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Edda Spinelli**

Mailing Address 511 N Brookhurst Street, Suite 100 Suite 100

City Anaheim State CA Zip Code 92801

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

Name of Employer Fresenius Medical Care NA Occupation Clinical Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2015**

**Transaction ID : PR87330317425**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 124 Verdae Blvd

City Greenville State SC Zip Code 29650

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 ▼ **330.00**

Date of Receipt **05 / 31 / 2015**

**Transaction ID : PR87330417425**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**

**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 21 OF 29
	<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. Nancy Diane Carter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1607 Revella Arch

City Chesapeake	State VA	Zip Code 23322
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA	Occupation Physician Contracting
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR93418917425**

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B. William Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Galleria Parkway, Suite 1200

City Atlanta	State GA	Zip Code 30339
-----------------	-------------	-------------------

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 ▼  
211.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR93419117425**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**C. Steve Shaw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street

City Waltham	State MA	Zip Code 02451
-----------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation Vice President, HR
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR93420917425**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<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. David Gillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galleria Drive, Suite 500

City Atlanta State GA Zip Code 30080

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

Name of Employer Fresenius Medical Care NA Occupation Director Market Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt **05 / 31 / 2015**

**Transaction ID : PR93697217425**

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 750 Old Hickory Blvd, Suite 230

City Brentwood State TN Zip Code 37027

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 ▼ **1100.00**

Date of Receipt **05 / 31 / 2015**

**Transaction ID : PR93697817425**

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$200.00 Monthly)

**C. Gordon Jee**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421

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

Name of Employer Fresenius Medical Care NA Occupation Sr Manager, Product Delivery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt **05 / 31 / 2015**

**Transaction ID : PR93698017425**

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **276.92**

**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 23 OF 29 (check only one)
<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. 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 ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : PR93698917425**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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 ▼ **605.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : PR93699517425**

Amount of Each Receipt this Period  
**110.00**

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. Bernadette Vincent**

Mailing Address 3850 North Causeway Blvd, Suite 14

City Metairie State LA Zip Code 70068

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 ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : PR93700117425**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>208.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Barbara Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5251 DTC Parkway, Suite 700  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fresenius Medical Care NA Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.53

Date of Receipt  
 05 / 31 / 2015  
**Transaction ID : PR93700217425**  
 Amount of Each Receipt this Period  
 38.46  
 P/R Deduction (\$38.46 Monthly)

**B. 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 Occupation  
 Fresenius Medical Care NA VP of Real Estate & Construction Servi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 423.06

Date of Receipt  
 05 / 31 / 2015  
**Transaction ID : PR94193217425**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$76.92 Monthly)

**C. Patrick McCarthy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 Belcher Dr  
 City Sudbury State MA Zip Code 01776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fresenius Medical Care NA SVP Sales & Marketing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1320.00

Date of Receipt  
 05 / 31 / 2015  
**Transaction ID : PR94193617425**  
 Amount of Each Receipt this Period  
 240.00  
 P/R Deduction (\$240.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.38  
**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 25 OF 29
	<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. Jayanta Ray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5215 N. O'Connor Blvd, Suite 1100

City Irving	State TX	Zip Code 75039
----------------	-------------	-------------------

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 ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR94193717425**

Amount of Each Receipt this Period  

50.00
-------

P/R Deduction (\$50.00 Monthly)

**B. Joseph Winslow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street

City Waltham	State MA	Zip Code 02451
-----------------	-------------	-------------------

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 ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR94194117425**

Amount of Each Receipt this Period  

80.00
-------

P/R Deduction (\$80.00 Monthly)

**C. John Baldasaro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Hartwell Ave

City Lexington	State MA	Zip Code 02421
-------------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation VP ITG Revenue Systems
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR94305117425**

Amount of Each Receipt this Period  

50.00
-------

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 129 West Trade Street, Suite 1050

City Charlotte	State NC	Zip Code 28202
-------------------	-------------	-------------------

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 ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR94305317425**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)  
**B. Terri Carlton**

Mailing Address 1534 N Hoskins Road

City Charlotte	State NC	Zip Code 28216
-------------------	-------------	-------------------

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 ▼ **211.53**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

**Transaction ID : PR94305417425**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>98.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6369.62</b>

**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

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9194321**

Amount of Each Disbursement this Period

Bank Service Charge

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Adrian Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015

**Transaction ID : 9165255**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. KCP PAC**

Mailing Address 5746 Union Mill Road  
P.O. Box 160

City State Zip Code  
Clifton VA 20124

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**KCP PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2015

**Transaction ID : 9194870**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Mike Crapo**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ID District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : 9222005**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

11000.00

**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. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**Sen. Mike Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

/  /

**Transaction ID : 9222006**

Amount of Each Disbursement this Period

Direct Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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