

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"/>		93762.04
(b) Cash on Hand at Beginning of Reporting Period.....	35061.27	
(c) Total Receipts (from Line 19)	8217.70	45034.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43278.97	138796.27
7. Total Disbursements (from Line 31).....	4667.45	100184.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38611.52	38611.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	5301.18	26690.52
(ii) Unitemized	2916.52	17991.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8217.70	44682.05
(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)	8217.70	44682.05
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))..... ▶	8217.70	45034.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8217.70	45034.23

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	684.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	167.45	684.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	99500.00
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)) ..	4667.45	100184.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4667.45	100184.75

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)	8217.70	44682.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8217.70	44682.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	167.45	684.75
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	684.75

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

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

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. Lisa Dombro
Full Name (Last, First, Middle Initial)
Mailing Address 927 Prairie Avenue
City Park Ridge State IL Zip Code 60068
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 **1730.79**

Date of Receipt: 04 / 30 / 2015
Transaction ID : PR110048117161
Amount of Each Receipt this Period: **384.62**
P/R Deduction (\$384.62 Monthly)

B. 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 **346.14**

Date of Receipt: 04 / 30 / 2015
Transaction ID : PR117492617161
Amount of Each Receipt this Period: **76.92**
P/R Deduction (\$76.92 Monthly)

C. 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 **225.00**

Date of Receipt: 04 / 30 / 2015
Transaction ID : PR117493017161
Amount of Each Receipt this Period: **50.00**
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **511.54**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 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. Donald N Cantalupo
Full Name (Last, First, Middle Initial)

Mailing Address 100 Patterson Plank Rd, #313

City Jersey City	State NJ	Zip Code 07307
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA	Occupation RSM
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR117601817161

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 ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR117602017161

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

C. Joseph H Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham	State MA	Zip Code 02451
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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 ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR117602317161

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	176.92
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: (check only one)	PAGE 8 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

Full Name (Last, First, Middle Initial) A. Joseph Ruma		Date of Receipt MM / DD / YYYY 04 / 30 / 2015
Mailing Address 920 Winter Street		Transaction ID : PR120637117161
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Fresenius Medical Care NA	Occupation VP Development Acquisitions	P/R Deduction (\$60.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Brian Silva		Date of Receipt MM / DD / YYYY 04 / 30 / 2015
Mailing Address 920 Winter Street		Transaction ID : PR124957117161
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.62
Name of Employer Fresenius Medical Care NA	Occupation SVP, Human Resources & Admin	P/R Deduction (\$384.62 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.79	

Full Name (Last, First, Middle Initial) C. Douglas G. Kott		Date of Receipt MM / DD / YYYY 04 / 30 / 2015
Mailing Address 211 Claybook Rd.		Transaction ID : PR78835817161
City Dover	State MA	Zip Code 02030-2008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer Fresenius Medical Care NA	Occupation Director	P/R Deduction (\$384.60 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional).....▶	829.22
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. 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2015
Transaction ID : PR78836517161
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 ▼ 346.14

Date of Receipt 04 / 30 / 2015
Transaction ID : PR78837517161
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 ▼ 346.14

Date of Receipt 04 / 30 / 2015
Transaction ID : PR78837917161
Amount of Each Receipt this Period 76.92
P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.44
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 10 OF 21
(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

Full Name (Last, First, Middle Initial)
A. Erma Hall

Mailing Address 3850 N Causeway

City State Zip Code
 Metairie LA 70002-4719

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

Name of Employer Occupation
 Fresenius Medical Care NA VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR78839617161

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$76.00 Monthly)

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

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
 Marietta GA 30066-4451

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 ▼
 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR78839717161

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 5251 DTC Parkway, Suite 500

City State Zip Code
 Greenwood Village CO 80111

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

Name of Employer Occupation
 Fresenius Medical Care NA Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1038.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR78839917161

Amount of Each Receipt this Period
 230.76

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **606.76**

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 11 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. Liam Walsh

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 ▼ **603.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR78840017161

Amount of Each Receipt this Period
134.00

P/R Deduction (\$134.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kim Sonnen

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1170.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR78840117161

Amount of Each Receipt this Period
260.00

P/R Deduction (\$260.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Paul Zabetakis

Mailing Address 920 Winter Street Suite 303

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : PR78840517161

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **470.92**

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: (check only one)	PAGE 12 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. Anthony Hayes

Mailing Address 100 Galleria Parkway, SE Suite 500
Suite 500 - 5th Floor

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR78840717161

Amount of Each Receipt this Period **62.00**

P/R Deduction (\$62.00 Monthly)

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

Mailing Address 6 Williams Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.72**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR78849517161

Amount of Each Receipt this Period **96.16**

P/R Deduction (\$96.16 Monthly)

Full Name (Last, First, Middle Initial)
C. Carol A Ernst

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 ▼ **346.14**

Date of Receipt **04 / 30 / 2015**

Transaction ID : PR78850017161

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **235.08**

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 13 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

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

Mailing Address 750 Old Hickory Blvd Suite 230
Suite 230

City State Zip Code
Brentwood TN 37027-4528

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

Name of Employer Occupation
Fresenius Medical Care NA VP Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR78851517161

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 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 ▼
1730.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR78860817161

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR78862917161

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	541.54
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"/> 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. Terry L Ketchersid
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR79797617161
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. Catherine Dubinsky
 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 Operations Integrity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR81310817161
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$76.92 Monthly)

C. William Fink
 Full Name (Last, First, Middle Initial)
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR83067517161
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 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: (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"/> 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			Date of Receipt
Mailing Address 124 Verdae Blvd			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : PR87330417161
Greenville	SC	29650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		P/R Deduction (\$60.00 Monthly)
Fresenius Medical Care NA	Regional Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>		

Full Name (Last, First, Middle Initial) B. Nancy Diane Carter			Date of Receipt
Mailing Address 1607 Revella Arch			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : PR93418917161
Chesapeake	VA	23322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		P/R Deduction (\$50.00 Monthly)
Fresenius Medical Care NA	Physician Contracting		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>		

Full Name (Last, First, Middle Initial) C. Jeffrey Hymes			Date of Receipt
Mailing Address 750 Old Hickory Blvd, Suite 230			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : PR93697817161
Brentwood	TN	37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		P/R Deduction (\$200.00 Monthly)
Fresenius Medical Care NA	Doctor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="310.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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. 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 ▼ **270.00**

Date of Receipt: **04 / 30 / 2015**

Transaction ID : PR93698917161

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 ▼ **495.00**

Date of Receipt: **04 / 30 / 2015**

Transaction ID : PR93699517161

Amount of Each Receipt this Period: **110.00**

P/R Deduction (\$110.00 Monthly)

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

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 - Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt: **04 / 30 / 2015**

Transaction ID : PR93700017161

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

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	246.92
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: (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

A. David Cariello
Full Name (Last, First, Middle Initial)

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	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 ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR94193217161

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 82 Belcher Dr

City	State	Zip Code
Sudbury	MA	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 ▼ **1080.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR94193617161

Amount of Each Receipt this Period

240.00

P/R Deduction (\$240.00 Monthly)

C. Jayanta Ray
Full Name (Last, First, Middle Initial)

Mailing Address 5215 N. O'Connor Blvd, Suite 1100

City	State	Zip Code
Irving	TX	75039

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

Name of Employer	Occupation
Fresenius Medical Care NA	VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : PR94193717161

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	366.92
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: (check only one)	PAGE 18 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. 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 ▼ 360.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR94194117161
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Monthly)

B. 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 ▼ 225.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR94305117161
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. Maria Burke
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 VP Strategic Planning
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2015
Transaction ID : PR94305317161
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	5301.18

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

001
Category/ Type

Candidate Name

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
04		02		2015

Transaction ID : 9128538

Amount of Each Disbursement this Period

167.45

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

M M M	/	D 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

Category/ Type

Candidate Name

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

Amount of Each Disbursement this Period

--

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

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

167.45

167.45

**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. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Sen. Orrin Grant Hatch

Category/
Type

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : 9128400

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Direct Contribution

011

Candidate Name
Rep. Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2015

Transaction ID : 9132439

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 220 1/2 E Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name
Bluegrass Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : 9138507

Amount of Each Disbursement this Period

5000.00

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

9000.00

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. Bluegrass Committee

Mailing Address 220 1/2 E Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Void - Bluegrass Committee

011

Category/
Type

Candidate Name

Bluegrass Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : 9138900

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Bluegrass Committee

Full Name (Last, First, Middle Initial)

B. Katherine Clark For Congress

Mailing Address PO Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Katherine Clark

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	5

Transaction ID : 9144995

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

-	4	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---