



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="93762.04"/>	<input type="text" value="93762.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51737.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28052.16"/>	<input type="text" value="108047.03"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="79789.42"/>	<input type="text" value="201809.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5540.46"/>	<input type="text" value="127560.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="74248.96"/>	<input type="text" value="74248.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	25933.93	82192.94
(ii) Unitemized .....	1950.78	25334.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27884.71	107527.40
(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) .....	27884.71	107527.40
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).....	167.45	519.63
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28052.16	108047.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28052.16	108047.03

**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 .....	540.46	1560.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	540.46	1560.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	126000.00
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)) ..	5540.46	127560.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5540.46	127560.11

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27884.71	107527.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27884.71	107527.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	540.46	1560.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	167.45	519.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	373.01	1040.48

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

Form/Schedule: F3XA

Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mark Caputo**

Mailing Address 2021 Faben Dr

City Mercer Island State WA Zip Code 98040-2001

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

Name of Employer Fresenius Medical Care NA Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : AD27DAF05D62A4C33A0D**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Chris Churchill**

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : A7A4A04AF8EB44D1F93C**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 4646 N Greenview Ave  
Unit 10

City Chicago State IL Zip Code 60640-7014

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

Name of Employer Fresenius Medical Care NA Occupation Director of Business Development

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  
 07 / 31 / 2015  
**Transaction ID : A68C137D7019D4D95A0A**

Amount of Each Receipt this Period  
30.00

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7530.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<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. Andrew Holstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 630 W Germantown Pike  
Ste 100

City Plymouth Meeting State PA Zip Code 19462-1069

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

Name of Employer Fresenius Medical Care NA Occupation Director of Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AEDE3D7188DBB4910828**

Amount of Each Receipt this Period  
35.00

Payroll Deduction: \$35.00/

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

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421-3103

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

Name of Employer Fresenius Medical Care NA Occupation VP, ITG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AD8CAE21C7B654C02947**

Amount of Each Receipt this Period  
100.00

Payroll Deduction: \$100.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A9C85C72EEBD5451DAD5**

Amount of Each Receipt this Period  
384.62

Payroll Deduction: \$384.62/

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 519.62

**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 9 OF 35
	<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. Catherine Dubinsky**

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A798AF2668BC244AEBC9**

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

Payroll Deduction: \$76.92/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A3D2EE1CE5AAB41B2BCI**

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

Payroll Deduction: \$38.46/

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

Mailing Address 3501 Moyers Cir Ste 200

City Masonic Home State KY Zip Code 40041-9035

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 ▼ **288.45**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A00907124F42541669BA**

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

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... **153.84**

**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 35
	<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. Robert Powell**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AA46D199C3C074F7186C**

Amount of Each Receipt this Period: 5000.00

Payroll Deduction: \$5000.00/

**B. Franklin Maddux**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: EVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1644.91

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A3DF928C4948640F4AAE**

Amount of Each Receipt this Period: 1644.91

Payroll Deduction: \$1644.91/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: Director of Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 721.20

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A568A0923352F4464BEE**

Amount of Each Receipt this Period: 96.16

Payroll Deduction: \$96.16/

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6741.07

**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 35
	<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. Mark R Fawcett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter St  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A9967627C92784CBE917**  
 Amount of Each Receipt this Period **38.46**  
 Payroll Deduction: \$38.46/

**B. Jeffrey Hymes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Old Hickory Blvd Ste 230  
 City Brentwood State TN Zip Code 37027-4528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AFB90521B24904BE3A6B**  
 Amount of Each Receipt this Period **200.00**  
 Payroll Deduction: \$200.00/

**C. Peter Sauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter St  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation President - Fresenius Health Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **825.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A27445DF342024656932**  
 Amount of Each Receipt this Period **110.00**  
 Payroll Deduction: \$110.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>348.46</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: (check only one)	PAGE 12 OF 35
	<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. Carol A Ernst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter St  
City Waltham State MA Zip Code 02451-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Fresenius Medical Care NA Occupation: Area Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.90**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A44001EA3A5AE42FC99F**  
Amount of Each Receipt this Period: **76.92**  
Payroll Deduction: \$76.92/

**B. Manikandan Pandi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter St  
City Waltham State MA Zip Code 02451-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Fresenius Medical Care NA Occupation: Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.45**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A9A469C9E816D420AB98**  
Amount of Each Receipt this Period: **38.46**  
Payroll Deduction: \$38.46/

**C. Paul Zabetakis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I St NW FI 12  
City Washington State DC Zip Code 20006-5409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Fresenius Medical Care NA Occupation: President, RRI  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.90**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AA4E1C00F785C4E0B961**  
Amount of Each Receipt this Period: **76.92**  
Payroll Deduction: \$76.92/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.30</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 13 OF 35
	<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 Crawford**

Mailing Address 100 Galleria Pkwy SE  
Ste 1200

City Atlanta State GA Zip Code 30339-5954

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 ▼  
**288.45**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : ACAE1A8CEEBBE4A42A4**

Amount of Each Receipt this Period  
**38.46**

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)  
**B. Nancy Diane Carter**

Mailing Address 1607 Revella Arch

City Chesapeake State VA Zip Code 23322-6991

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

Name of Employer Occupation  
Fresenius Medical Care NA Pysician Contracting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : AFEB359F3AB7408E8DA**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction: \$50.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Occupation  
Fresenius Medical Care NA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2884.50**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : A70B23C2B433C43B9B65**

Amount of Each Receipt this Period  
**384.60**

Payroll Deduction: \$384.60/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>473.06</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 14 OF 35
	<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. Donna M Painter**

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 Regional VP

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  
**07 / 31 / 2015**

**Transaction ID : A806383DCA7524890835**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction: \$30.00/

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

Mailing Address 1534 N Hoskins Rd

City Charlotte State NC Zip Code 28216-3602

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 ▼ **288.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : A18A9FE0293AD4411804**

Amount of Each Receipt this Period  
**38.46**

Payroll Deduction: \$38.46/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation VP Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : AA61CD47D9E3646E599F**

Amount of Each Receipt this Period  
**76.92**

Payroll Deduction: \$76.92/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.38</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 15 OF 35
	<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. Nelson Coimbre**  
Full Name (Last, First, Middle Initial)

Mailing Address 2219 Hollywood Blvd  
Ste 101

City Hollywood State FL Zip Code 33020-6760

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

Name of Employer Fresenius Medical Care NA Occupation Senior Construction Estimator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.65

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A592504ED2A4F456AAFA**

Amount of Each Receipt this Period  
34.62

Payroll Deduction: \$34.62/

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

Mailing Address 5215 N O Connor Blvd  
Ste 1100

City Irving State TX Zip Code 75039-3739

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 ▼  
375.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A23DB0B531DAF424A83F**

Amount of Each Receipt this Period  
50.00

Payroll Deduction: \$50.00/

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

Mailing Address PO Box 113

City Grantham State NH Zip Code 03753-0113

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

Name of Employer Fresenius Medical Care NA Occupation RN, Clinical Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A3540CF03A3C9423E811**

Amount of Each Receipt this Period  
30.00

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.62

**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 16 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1421 Champion Forest Ct

City Wheaton State IL Zip Code 60187-1708

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 ▼ **288.45**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A440D60CD6996477FBA9**

Amount of Each Receipt this Period **38.46**

Payroll Deduction: \$38.46/

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

Mailing Address 525 Sycamore Dr

City Milpitas State CA Zip Code 95035-7429

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AECBF8F34E3044E0FB2E**

Amount of Each Receipt this Period **76.92**

Payroll Deduction: \$76.92/

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

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 ▼ **288.45**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A4534B4EAF2B04622B7E**

Amount of Each Receipt this Period **38.46**

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... **153.84**

**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 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1875 I St NW  
FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer Fresenius Medical Care NA Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1005.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AD60EF405A1B84C0999D**

Amount of Each Receipt this Period  
134.00

Payroll Deduction: \$134.00/

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

Mailing Address 2901 Via Fortuna  
Ste 600

City Austin State TX Zip Code 78746-7710

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

Name of Employer Fresenius Medical Care NA Occupation President, Fresenius Health Partners

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A3E6B970442249138AC**

Amount of Each Receipt this Period  
140.00

Payroll Deduction: \$140.00/

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

Mailing Address 225 E Germann Rd  
Ste 230

City Gilbert State AZ Zip Code 85297-2911

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

Name of Employer Fresenius Medical Care NA Occupation Sr. Director of Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A8A340FF2C7E94665B5C**

Amount of Each Receipt this Period  
30.00

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 304.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<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**

**A. Barbara Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5251 Dtc Pkwy  
 Ste 700  
 City Greenwood Village State CO Zip Code 80111-2736  
 Name of Employer Fresenius Medical Care NA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.53

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A81A93959382147C185B**  
 Amount of Each Receipt this Period 16.00  
 Payroll Deduction: \$16.00/

**B. Maria Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 W Trade St  
 Ste 1050  
 City Charlotte State NC Zip Code 28202-5303  
 Name of Employer Fresenius Medical Care NA Occupation VP Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A38A5842C576E4BA095F**  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction: \$60.00/

**C. Edda Spinelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 N Brookhurst St  
 Ste 100  
 City Anaheim State CA Zip Code 92801-5229  
 Name of Employer Fresenius Medical Care NA Occupation Clinical Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : AF72C310B024949908ED**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction: \$40.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
	<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. Gordon Jee**

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421-3103

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A24F4721B3AA343BDBB6**

Amount of Each Receipt this Period **38.46**

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)  
**B. Jayme Patterson**

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Director of Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A38360515582A466090C**

Amount of Each Receipt this Period **40.00**

Payroll Deduction: \$40.00/

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

Mailing Address 516 Goldenwest St

City Huntington Beach State CA Zip Code 92648-2639

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A9E7BE6D4F56642B1982**

Amount of Each Receipt this Period **76.92**

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... **155.38**

**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 20 OF 35
	<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. Donald N Cantalupo**

Mailing Address 100 Paterson Plank Rd  
Apt 313

City Jersey City State NJ Zip Code 07307-1234

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 ▼  
375.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : ADA0969C08AE74031A58**

Amount of Each Receipt this Period  
50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)  
**B. Charles E Brown**

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 Clinical Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A8DAF9A5BE3FC42F8B69**

Amount of Each Receipt this Period  
40.00

Payroll Deduction: \$40.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation VP Development Acquisitions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A12D4BBEB6C184E27891**

Amount of Each Receipt this Period  
60.00

Payroll Deduction: \$60.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
	<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. Anthony Hayes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter St  
City Waltham State MA Zip Code 02451-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Group Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 465.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A7E03FC1132FB42D19E4**  
Amount of Each Receipt this Period 62.00  
Payroll Deduction: \$62.00/

**B. Michael Tully**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter St  
City Waltham State MA Zip Code 02451-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Mgr Corp Systems  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A6599C3027A5043C5AE4**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction: \$30.00/

**C. Sandra Geraci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter St  
City Waltham State MA Zip Code 02451-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Director of Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A61752615A090452DB87**  
Amount of Each Receipt this Period 80.00  
Payroll Deduction: \$80.00/

**SUBTOTAL** of Receipts This Page (optional).....▶ 172.00  
**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 22 OF 35
	<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. Donna McCarthy**

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Division President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A21D35B1DEA174A4FA51**

Amount of Each Receipt this Period **230.76**

Payroll Deduction: \$230.76/

Full Name (Last, First, Middle Initial)  
**B. David Gillon**

Mailing Address 100 Galleria Pkwy SE Ste 500

City Atlanta State GA Zip Code 30339-3165

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

Name of Employer Fresenius Medical Care NA Occupation Director Market Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AC8BA02BC5BC14BCE933**

Amount of Each Receipt this Period **38.46**

Payroll Deduction: \$38.46/

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

Mailing Address 1875 I St NW FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer Fresenius Medical Care NA Occupation RQM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A532A700F45FA4CABBD7**

Amount of Each Receipt this Period **30.00**

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... **299.22**

**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 23 OF 35
	<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. Julia Brennan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 King Rd

City Rockleigh State NJ Zip Code 07647-2500

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 ▼ 300.00

Date of Receipt  
07 / 31 / 2015  
Transaction ID : **AAFE06A92E86840A099A**

Amount of Each Receipt this Period 40.00

Payroll Deduction: \$40.00/

**B. Wendy Schrag**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Director, Advocacy & Gov Affai

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
07 / 31 / 2015  
Transaction ID : **A6041B015260B4C4F9F9**

Amount of Each Receipt this Period 30.00

Payroll Deduction: \$30.00/

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hallandale State FL Zip Code 33009

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

Name of Employer Fresenius Medical Care NA Occupation VP of Real Estate & Construction Servi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
07 / 31 / 2015  
Transaction ID : **A5613441D381940559CF**

Amount of Each Receipt this Period 76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 146.92

**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 24 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

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

Mailing Address 1875 I St NW  
FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer: Fresenius Medical Care NA  
Occupation: SVP Marketing & Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A636C556EF0964621804**

Amount of Each Receipt this Period  
260.00

Payroll Deduction: \$260.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA  
Occupation: Sr VP of Biomedical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AA62C7B36E97445829E8**

Amount of Each Receipt this Period  
50.00

Payroll Deduction: \$50.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA  
Occupation: VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A501699B0F59447B8853**

Amount of Each Receipt this Period  
76.00

Payroll Deduction: \$76.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	386.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 100 Galleria Pkwy SE  
Ste 500

City Atlanta State GA Zip Code 30339-3165

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A99D3BD2239D347F99E7**

Amount of Each Receipt this Period  
300.00

Payroll Deduction: \$300.00/

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

Mailing Address 1875 I St NW  
FI 12

City Washington State DC Zip Code 20006-5409

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.50

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A950121FB045A46ACBA2**

Amount of Each Receipt this Period  
384.60

Payroll Deduction: \$384.60/

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

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: Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A87E93332F4894E93BB0**

Amount of Each Receipt this Period  
38.46

Payroll Deduction: \$38.46/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	723.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 1875 I St NW  
FI 12

City Washington State DC Zip Code 20006-5409

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : AF3572257286249CF954**

Amount of Each Receipt this Period  
76.92

Payroll Deduction: \$76.92/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A2CB35B370C5643CD8EF**

Amount of Each Receipt this Period  
384.62

Payroll Deduction: \$384.62/

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

Mailing Address 475 W 13th St

City Ogden State UT Zip Code 84404-5554

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : AD16265F09BF447608EA**

Amount of Each Receipt this Period  
40.00

Payroll Deduction: \$40.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 35
	<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. 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 ▼ **440.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A6922E40D3B6B4D6C82B**

Amount of Each Receipt this Period: **50.00**

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)  
**B. Kathleen Kawa**

Mailing Address 90 Glacier Dr

City Westwood State MA Zip Code 02090-1818

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 ▼ **375.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AD96BCD584E6544A7BF0**

Amount of Each Receipt this Period: **50.00**

Payroll Deduction: \$50.00/

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

Mailing Address 516 W 5th Ave

City Naperville State IL Zip Code 60563-2901

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AD9158D68072748A7819**

Amount of Each Receipt this Period: **300.00**

Payroll Deduction: \$300.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</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: (check only one)	PAGE 28 OF 35
	<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. Steve Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : AA1EE8F6DF3FF4CD78A4**

Amount of Each Receipt this Period: **40.00**

Payroll Deduction: \$40.00/

**B. Nicole Devore**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer: Fresenius Medical Care NA Occupation: Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : A4838B9F23DCA49ACB54**

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

Payroll Deduction: \$38.46/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : AAC707FBD3B6B4006951**

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

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... **116.92**

**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 29 OF 35
	<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**

**A. Lisa Dombro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 927 Prairie Ave  
 City Park Ridge State IL Zip Code 60068-3937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2884.65**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A0CE5AB34CEA440F49C4**  
 Amount of Each Receipt this Period **384.62**  
 Payroll Deduction: \$384.62/

**B. Monica Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter St  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Group Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A4E62C7C6D4374475843**  
 Amount of Each Receipt this Period **38.46**  
 Payroll Deduction: \$38.46/

**C. Terry L Ketchersid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter St  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AD97C4C972582409199E**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction: \$100.00/

**SUBTOTAL** of Receipts This Page (optional)..... **523.08**  
**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:	PAGE 30 OF 35
	(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. Allen Mills**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 N Church St  
Unit 2914

City Charlotte State NC Zip Code 28202-2387

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**576.90**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : A524993E7BA36459AA92**

Amount of Each Receipt this Period  
**76.92**

Payroll Deduction: \$76.92/

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

Mailing Address 124 Verdae Blvd

City Greenville State SC Zip Code 29607-3843

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

Name of Employer Fresenius Medical Care NA Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : AD8FFE5C3FB6046789C9**

Amount of Each Receipt this Period  
**60.00**

Payroll Deduction: \$60.00/

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

Mailing Address 8620 Burnet Rd  
Ste 400

City Austin State TX Zip Code 78757-7034

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

Name of Employer Fresenius Medical Care NA Occupation RN COM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : AAA0F48EC6C0B443BB1E**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction: \$40.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.92</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 31 OF 35
	<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. John Baldasaro**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421-3103

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A305A64265C4C4D98865**

Amount of Each Receipt this Period **50.00**

Payroll Deduction: \$50.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.50**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A59CE89AD1E934CA58DD**

Amount of Each Receipt this Period **27.00**

Payroll Deduction: \$27.00/

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

Mailing Address 920 Winter St

City Waltham State MA Zip Code 02451-1521

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

Name of Employer Fresenius Medical Care NA Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4993.70**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A274ADB623DA044A79CF**

Amount of Each Receipt this Period **4993.70**

Payroll Deduction: \$4993.70/

**SUBTOTAL** of Receipts This Page (optional)..... **5070.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 35
	<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. Patrick McCarthy**

Mailing Address 82 Belcher Dr

City State Zip Code  
Sudbury MA 01776-1247

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 ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A9793D279443140CB944**

Amount of Each Receipt this Period  
240.00

Payroll Deduction: \$240.00/

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

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : ACE1841E3D1444D2AA8C**

Amount of Each Receipt this Period  
80.00

Payroll Deduction: \$80.00/

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).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25933.93

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

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

FOR LINE NUMBER: PAGE 33 OF 35  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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.** Full Name (Last, First, Middle Initial)  
**Fresenius Medical Care North America**

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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.63**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2015**

**Transaction ID : AE2C03649A1154E1AB5D**

Amount of Each Receipt this Period  
**167.45**

Reimbursement of Bank Fees

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>167.45</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>167.45</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 21117-5134

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : B5AE3A5E412444FBDA61

Amount of Each Disbursement this Period

540.46

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

540.46

540.46

**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. Benishek For Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Mailing Address PO Box 108

**Transaction ID : BE74644AE270041B494C**

City Gladstone State MI Zip Code 49837

Amount of Each Disbursement this Period

2500.00
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Purpose of Disbursement  
Direct Contribution

Category/Type
---------------

Candidate Name

**Rep. Dan J. Benishek**

Office Sought:  House  
 Senate  
 President  
State: MI District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Mailing Address Box 137

**Transaction ID : B42DEF63EBFD422BA9A**

City Spokane State WA Zip Code 99210

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
Direct Contribution

Category/Type
---------------

Candidate Name

**Rep. Cathy A. McMorris Rodgers**

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Kirk for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

Mailing Address PO Box 2594

**Transaction ID : B3EA4CBC417AE424B8FE**

City Chicago State IL Zip Code 60690

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Direct Contribution

Category/Type
---------------

Candidate Name

**Sen. Mark S. Kirk**

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

5000.00
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5000.00
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