

# 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.....	30857.61	
(c) Total Receipts (from Line 19) .....	26547.10	79994.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57404.71	173756.91
7. Total Disbursements (from Line 31).....	5667.45	122019.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51737.26	51737.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

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).....	23198.87	56259.01
(ii) Unitemized .....	3348.23	23383.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26547.10	79642.69
(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) .....	26547.10	79642.69
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))..... ▶	26547.10	79994.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26547.10	79994.87

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	167.45	1019.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	167.45	1019.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	121000.00
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)) ..	5667.45	122019.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5667.45	122019.65

**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) .....	26547.10	79642.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26547.10	79642.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	167.45	1019.65
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	1019.65

**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 34
	<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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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. Hugh Gaston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1550 W. McEwen Drive  
 Suite 500  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Fresenius Medical Care NA  
 Occupation: Director of Client Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 04 / 2015  
**Transaction ID : 9242709**  
 Amount of Each Receipt this Period: 350.00

**B. Maria Notar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Winter Street  
 City Waltham State MA Zip Code 02451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Fresenius Medical Care NA  
 Occupation: SVP & Corporate Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 04 / 2015  
**Transaction ID : 9242711**  
 Amount of Each Receipt this Period: 1000.00

**C. Stacy Blasberg**  
 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: Associate General Counsel, Intellectual  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 05 / 2015  
**Transaction ID : 9242739**  
 Amount of Each Receipt this Period: 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<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:	PAGE 7 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Curtis Dean Johnson**

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 General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2015**

**Transaction ID : 9242741**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1899 Tate Blvd SE Suite 103, Box 103

City Hickory State NC Zip Code 28602-4200

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

Name of Employer Fresenius Medical Care NA Occupation Director of Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2015**

**Transaction ID : 9242742**

Amount of Each Receipt this Period  
**250.00**

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

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 Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 11 / 2015**

**Transaction ID : 9263014**

Amount of Each Receipt this Period  
**2000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2750.00</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 8 OF 34
	<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. Jack Donnelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 5251 DTC Parkway  
Suite 500

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Fresenius Medical Care NA Occupation Vice President Information Technology

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  
06 / 11 / 2015

**Transaction ID : 9263015**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 461 Franceia St  
Suite A-401

City San Juan State PR Zip Code 00917

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 ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : 9263758**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 456 Fiske Street

City Holliston State MA Zip Code 01746

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

Name of Employer Fresenius Medical Care NA Occupation VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2015

**Transaction ID : 9265370**

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3550.00
<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 9 OF 34
	<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. Claudy Mullon**  
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, Clinical Research & Medical Affair  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 19 / 2015**  
**Transaction ID : 9278789**  
Amount of Each Receipt this Period **500.00**

**B. 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 **2500.03**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR110048117810**  
Amount of Each Receipt this Period **384.62**  
P/R Deduction (\$384.62 Monthly)

**C. Tracey E Ramsey Abbott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8620 Burnet Rd, Suite 400  
City Austin State TX Zip Code 78757  
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 **260.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR117492317810**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **924.62**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<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. 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 ▼ 499.98

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR117492617810**  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$76.92 Monthly)

**B. Kathleen Kawa**  
Full Name (Last, First, Middle Initial)  
Mailing Address 90 Glacier Avenue  
City Westwood State MA Zip Code 02090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Regional Director of Education  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR117493017810**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

**C. Julia Brennan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 King Road  
City Rockleigh State NJ Zip Code 07647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation VP Business Relations Spectra Labs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR117493517810**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 166.92  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 34  
(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. Donald N Cantalupo**

Mailing Address 100 Patterson Plank Rd, #313

City Jersey City      State NJ      Zip Code 07307

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

Name of Employer Fresenius Medical Care NA      Occupation RSM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**06 / 30 / 2015**  
**Transaction ID : PR117601817810**

Amount of Each Receipt this Period  
**50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hollywood      State FL      Zip Code 33020

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 ▼ **225.03**

Date of Receipt  
**06 / 30 / 2015**  
**Transaction ID : PR117601917810**

Amount of Each Receipt this Period  
**34.62**

P/R Deduction (\$34.62 Monthly)

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

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 ▼ **499.98**

Date of Receipt  
**06 / 30 / 2015**  
**Transaction ID : PR117602017810**

Amount of Each Receipt this Period  
**76.92**

P/R Deduction (\$76.92 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ► **161.54**

**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 12 OF 34
	<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. Robert D Crick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3501 Moyers Circle, Suite 200  
 City State Zip Code  
 Masonic Home KY 40041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fresenius Medical Care NA RVP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR117602117810**  
 Amount of Each Receipt this Period  
 38.46  
 P/R Deduction (\$38.46 Monthly)

**B. Joseph H Johnston**  
 Full Name (Last, First, Middle Initial)  
 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 Sr VP of Biomedical Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR117602317810**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$50.00 Monthly)

**C. Joseph Ruma**  
 Full Name (Last, First, Middle Initial)  
 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 VP Development Acquisitions  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR120637117810**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 148.46  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 34
	(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"/> 15
<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. Brian Silva**  
Full Name (Last, First, Middle Initial)  
Mailing Address 920 Winter Street  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation SVP, Human Resources & Admin  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.03**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR124957117810**  
Amount of Each Receipt this Period **384.62**  
P/R Deduction (\$384.62 Monthly)

**B. Marion Andersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 475 West 13th Street  
City Ogden State UT Zip Code 84404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation Principal Scientist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR127647317810**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$40.00 Monthly)

**C. Grant Asay**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1421 Champion Forest Ct  
City Wheaton State IL Zip Code 60187  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fresenius Medical Care NA Occupation General Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **249.99**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR127647417810**  
Amount of Each Receipt this Period **38.46**  
P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **463.08**  
**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 14 OF 34
	<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. Douglas G. Kott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Claybook Rd.  
 City Dover State MA Zip Code 02030-2008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR78835817810**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$384.60 Monthly)

**B. 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 ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR78836517810**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$384.60 Monthly)

**C. 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 ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR78837517810**  
 Amount of Each Receipt this Period  
 76.92  
 P/R Deduction (\$76.92 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	846.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 129 West Trade Street, Suite 1050

City	State	Zip Code
Charlotte	NC	28202

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

Name of Employer	Occupation
Fresenius Medical Care NA	Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : PR78837917810**

Amount of Each Receipt this Period

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 5251 Dtc Pkwy 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	Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : PR78839117810**

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Monthly)

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

Date of Receipt  
 /  /   
**Transaction ID : PR78839617810**

Amount of Each Receipt this Period

P/R Deduction (\$76.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="191.38"/>
<b>TOTAL</b> 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:	PAGE 16 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Deborah Harvey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR78839717810</b>
Mailing Address 1602 Hampton Oaks Bnd		Amount of Each Receipt this Period 300.00
City Marietta	State GA	Zip Code 30066-4451
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	
Occupation Senior Vice President		P/R Deduction (\$300.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

Full Name (Last, First, Middle Initial) <b>B. Donna McCarthy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR78839917810</b>
Mailing Address 5251 DTC Parkway, Suite 500		Amount of Each Receipt this Period 230.76
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	
Occupation Division President		P/R Deduction (\$230.76 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	

Full Name (Last, First, Middle Initial) <b>C. Liam Walsh</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR78840017810</b>
Mailing Address 5809 Chatham Ln		Amount of Each Receipt this Period 134.00
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		P/R Deduction (\$134.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 871.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	664.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<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. Kim Sonnen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 240 S Madison St  
 City Denver State CO Zip Code 80209-3010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation SVP Marketing & Managed Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1690.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR78840117810**  
 Amount of Each Receipt this Period **260.00**  
 P/R Deduction (\$260.00 Monthly)

**B. Paul Zabetakis**  
 Full Name (Last, First, Middle Initial)  
 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 **499.98**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR78840517810**  
 Amount of Each Receipt this Period **76.92**  
 P/R Deduction (\$76.92 Monthly)

**C. Anthony Hayes**  
 Full Name (Last, First, Middle Initial)  
 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 **403.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : PR78840717810**  
 Amount of Each Receipt this Period **62.00**  
 P/R Deduction (\$62.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>398.92</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 18 OF 34
	<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. Eric Bishop**  
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2977.69

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR78840917810**

Amount of Each Receipt this Period  
2977.69

P/R Deduction (\$2977.69 Monthly)

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

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 ▼ 625.04

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR78849517810**

Amount of Each Receipt this Period  
96.16

P/R Deduction (\$96.16 Monthly)

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

Mailing Address 22370 N 64th Ave

City Glendale State AZ Zip Code 85310-4259

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

Name of Employer Fresenius Medical Care NA Occupation Area Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR78850017810**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3150.77

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<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. Matthew D Kinser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Old Hickory Blvd Suite 230  
 Suite 230  
 City Brentwood State TN Zip Code 37027-4528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation VP Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR78851517810**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$76.92 Monthly)

**B. Charles E Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4640 Glen Coe Street  
 City Leesburg State FL Zip Code 34748-2304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Clinical Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR78853617810**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Monthly)

**C. Mark R Fawcett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Franklin Street  
 City Arlington State MA Zip Code 02474-3214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR78855817810**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$38.46 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
	<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. Nicole Devore**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 Pennsylvania Ave NW Suite 225  
Suite 225

City Washington State DC Zip Code 20004-2604

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR78857517810**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 475 West 13th Street

City Ogden State UT Zip Code 84404

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

Name of Employer Fresenius Medical Care NA Occupation Director of Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR78859017810**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

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

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

City South Plainfield State NJ Zip Code 07080-1473

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 ▼  
249.99

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR78860017810**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**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 21 OF 34
	<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. Robert Sepucha**  
 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 Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR78860817810**  
 Amount of Each Receipt this Period 384.62  
 P/R Deduction (\$384.62 Monthly)

**B. Sandra Geraci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 262 Berenger Walk  
 City West Palm Beach State FL Zip Code 33414  
 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 ▼ 520.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR78862917810**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$80.00 Monthly)

**C. Michael Ramsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Cubs Path  
 City Hopkinton State MA Zip Code 01748  
 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 ▼ 249.99

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR78863117810**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$38.46 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 503.08  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<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. Geronia F Parlier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6100 Dutchmans Lane, 8th Floor

City Louisville	State KY	Zip Code 40205
--------------------	-------------	-------------------

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 ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR79795917810**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**B. Jenny Lee Fischer**  
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 ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR79796517810**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

**C. 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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR79797617810**

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<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. Manikandan Pandi**  
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 ▼ 249.99

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR79798317810**  
Amount of Each Receipt this Period 38.46  
P/R Deduction (\$38.46 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 ▼ 499.98

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR81310817810**  
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 ▼ 650.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR83067517810**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.38  
**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 24 OF 34
	<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. Edda Spinelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 511 N Brookhurst Street, Suite 100  
 Suite 100  
 City Anaheim State CA Zip Code 92801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Clinical Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR87330317810**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Monthly)

**B. Mignon Early**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Verdae Blvd  
 City Greenville State SC Zip Code 29650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR87330417810**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

**C. Nancy Diane Carter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1607 Revella Arch  
 City Chesapeake State VA Zip Code 23322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fresenius Medical Care NA Occupation Physician Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR93418917810**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

<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 25 OF 34
	<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. William Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Galleria Parkway, Suite 1200

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	249.99
--------------------------	--------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR93419117810**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	260.00
--------------------------	--------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR93420917810**

Amount of Each Receipt this Period  

40.00
-------

P/R Deduction (\$40.00 Monthly)

**C. David Gillon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Galleria Drive, Suite 500

City Atlanta	State GA	Zip Code 30080
-----------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation Director Market Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	249.99
--------------------------	--------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR93697217810**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 750 Old Hickory Blvd, Suite 230

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Fresenius Medical Care NA Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR93697817810**

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 32 Hartwell Ave

City State Zip Code  
Lexington MA 02421

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR93698017810**

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Monthly)

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

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : PR93698917810**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 298.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<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. Peter Sauer**  
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 President - Fresenius Health Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : PR93699517810**

Amount of Each Receipt this Period  
**110.00**

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 3850 North Causeway Blvd, Suite 14

City Metairie State LA Zip Code 70068

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : PR93700117810**

Amount of Each Receipt this Period  
**38.46**

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 5251 DTC Parkway, Suite 700

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : PR93700217810**

Amount of Each Receipt this Period  
**16.00**

P/R Deduction (\$16.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>164.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94193217810**

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 630 West Germantown Pike, Suite 10

City	State	Zip Code
Plymouth Meeting	PA	19462

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94193317810**

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

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

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 ▼  
1560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94193617810**

Amount of Each Receipt this Period  
240.00

P/R Deduction (\$240.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	351.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jayanta Ray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5215 N. O'Connor Blvd, Suite 1100

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94193717810**

Amount of Each Receipt this Period  

50.00
-------

P/R Deduction (\$50.00 Monthly)

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94194117810**

Amount of Each Receipt this Period  

80.00
-------

P/R Deduction (\$80.00 Monthly)

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94305117810**

Amount of Each Receipt this Period  

50.00
-------

P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 34
<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. Maria Burke**

Mailing Address 129 West Trade Street, Suite 1050

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

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

Name of Employer Fresenius Medical Care NA	Occupation VP Strategic Planning
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94305317810**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1534 N Hoskins Road

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

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

Name of Employer Fresenius Medical Care NA	Occupation Area Manager
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR94305417810**

Amount of Each Receipt this Period  

38.46
-------

P/R Deduction (\$38.46 Monthly)

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

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 Chairman - Global Efficiency
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4897.59**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR99993617810**

Amount of Each Receipt this Period  

4897.59
---------

P/R Deduction (\$4897.59 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>4996.05</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 34  
(check only one)

<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. Lisa Fontenot**

Mailing Address 1613 Louisville Avenue

City State Zip Code  
Monroe LA 71201

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

Name of Employer Occupation  
Fresenius Medical Care NA Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
506.81

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : PR99993717810**

Amount of Each Receipt this Period  
506.81

P/R Deduction (\$506.81 Monthly)

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

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	506.81
<b>TOTAL</b> This Period (last page this line number only).....▶	23198.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9228277**

Amount of Each Disbursement this Period

Bank Service Charge

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Kevin Patrick Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : 9256728**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Don Beyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

**Transaction ID : 9279004**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young**

Mailing Address PO Box 1053

City State Zip Code  
Bloomington IN 47402

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Todd Young**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

**Transaction ID : 9279126**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Direct Contribution

Category/  
Type

Candidate Name

**Rep. Jaime Herrera-Beutler**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9281671**

Amount of Each Disbursement this Period

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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