



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		97377.57
(b) Cash on Hand at Beginning of Reporting Period.....	46903.80	
(c) Total Receipts (from Line 19) .....	6943.52	112470.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53847.32	209848.22
7. Total Disbursements (from Line 31).....	21536.00	177536.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32311.32	32311.32
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Fresenius Medical Care North America PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5770.46	81872.43
(ii) Unitemized .....	1173.06	27349.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6943.52	109221.75
(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) .....	6943.52	109221.75
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	273.90
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	2975.00
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)).....▶	6943.52	112470.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6943.52	112470.65

**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 .....	36.00	561.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36.00	561.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	174000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	2975.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	21536.00	177536.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21536.00	177536.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6943.52	109221.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6943.52	109221.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	36.00	561.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	273.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36.00	288.00

**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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Fink, William, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Daniels Ln  
 City Carlisle State MA Zip Code 01741-1055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP, ITG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A85CDCCFE86404B7FB45**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction: \$50.00/

**B. Zabetakis, Paul, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7019 SE Harbor Circle  
 City Stuart State FL Zip Code 34996-1923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) President, RRI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A840D4D1A5ACB47B3843**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**C. Sepucha, Robert, Charles, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Headquarters  
 920 Winter Street  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A3240AA3915D446FB9EF**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 Payroll Deduction: \$192.31/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.54
<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 7 OF 33
	<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. Loeper, Robert, Peter, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4631 Woodland Corporate Blvd  
 Suite 113  
 City Tampa State FL Zip Code 33614-2416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A6B44F02E76294378805**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**B. Perry, William, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Wadsworth Road  
 City Ashland State MA Zip Code 01721-2518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : ABC6A5168B29E4E828AF**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction: \$25.00/

**C. Silva, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Nelson Circle  
 City Bedford State MA Zip Code 01730-1096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) SVP, Human Resources & Admin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A78869D37D04049A5BAC**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 Payroll Deduction: \$192.31/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	511.54
<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 8 OF 33
<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. Maggio, Douglas, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Slate Dr  
 City Buford State GA Zip Code 30518-1662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Senior Director Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AE40103AEBCA14E79A5B**  
 Amount of Each Receipt this Period 23.10  
 Memo Item  
 Payroll Deduction: \$11.55/

**B. Stieber-Brown, Charles, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Fresenius Medical Care NA Occupation (for Individual) Clinical Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A419ECCB1071941998D0**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$20.00/

**C. Coimbre, Nelson, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Candia Avenue  
 City Coral Gables State FL Zip Code 33134-7309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Senior Construction Estimator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A9B39C604A52340BDBC9**  
 Amount of Each Receipt this Period 34.62  
 Memo Item  
 Payroll Deduction: \$17.31/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.72
<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 33
	<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. McCarthy, Donna, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5251 DTC Parkway  
 One DTC Suite 500  
 City Greenwood Village State CO Zip Code 80111-2799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Division President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A30808056F3D24C3ABA1**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 Payroll Deduction: \$115.38/

**B. Dombro, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Fresenius Medical Care NA Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A261B9566F0DA4124BB1**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 Payroll Deduction: \$192.31/

**C. Devore, Nicole, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Pennsylvania Ave  
 Suite 255  
 City Washington State DC Zip Code 20004-3637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A784C052776EE48F1970**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	653.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<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. Cobb, Monica, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 Pamela Drive  
 City Swansea State MA Zip Code 02777-4244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Group Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A387B73A68E43498C9E8**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**B. Higginbotham, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7581 NW 23rd Street  
 City Pembroke Pines State FL Zip Code 33024-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director of Finance RECS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A689CB24AA7994511976**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**C. Winslow, Joseph, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Cardinal Circle  
 City Nashua State NH Zip Code 03063-3301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Quality Systems & Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A0A95A4761A2840AA9B9**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction: \$40.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	156.92
<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 11 OF 33
<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. McCarthy, Patrick, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 Belcher Drive  
 City Sudbury State MA Zip Code 01776-1247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) SVP Sales & Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AD61B7E557DC74AA1979**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 Payroll Deduction: \$120.00/

**B. Ernst, Carrol, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4502 West Indian School Rd Ste A4-11  
 City Phoenix State AZ Zip Code 85031-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Area Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 09 / 10 / 2016  
**Transaction ID : A1E79BF296D134CE386D**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$38.46/

**C. Hymes, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Belle Mead Blvd  
 City Nashville State TN Zip Code 37205-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Doctor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A98351F12134C4945B0F**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction: \$100.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	478.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
<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. Fawcett, Mark, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Headquarters  
 920 Winter Street  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A98E1B5660FE541F08CE**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**B. DeFranco, Stephanie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 Sycamore Drive  
 City Milpitas State CA Zip Code 95035-7429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director, New Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AF47E6BA7497644D7AC3**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**C. Asay, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Fresenius Medical Care NA Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AD0C9DED507DD4C76BA2**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<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**

**A. Ray, Jayanta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12277 Lazio Ln  
 City Frisco State TX Zip Code 75035-2225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A5E37A7EDC2224A7AA66**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction: \$25.00/

**B. Pandi, Manikandan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Grist Mill Road  
 City Acton State MA Zip Code 01720-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A482DFF3C27164492B57**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**C. Carter, Nancy, Dianne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Fresenius Medical Care NA Occupation (for Individual) Physician Contracting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A3859E073E6604381A9F**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction: \$25.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<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. Crawford, William, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6640 Akers Mill Rd  
 Apt. 2403  
 City Atlanta State GA Zip Code 30339-2714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AC10A810557F04242A55**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**B. Ramsey, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Headquarters  
 920 Winter Street  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AE86B7952768249FEBE0**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**C. Ruma, Joseph, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Blueberry Hill Rd  
 City Andover State MA Zip Code 01810-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Development Acquisitions  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AB9EC25A08BB14CC5BA4**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction: \$30.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	136.92
<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 15 OF 33														
<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. Pearce, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 Sycamore Drive  
 City Milpitas State CA Zip Code 95035-7429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) RQM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A81BE3CF3D6EB45529AB**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

**B. Gillon, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2113 Jarrod Place  
 City Smyrna State GA Zip Code 30080-5685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director Market Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AF6CF39BC938D4B61B8B**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**C. Schrag, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1527 Westborough  
 City Newton State KS Zip Code 67114-1479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director, Advocacy & Gov Affai  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A22955CA5DEA341C983D**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
<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. Brennan, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5968 Ohara Landing  
 City Burke State VA Zip Code 22015-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Business Relations Spectra Labs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A43F316A87201465ABD9**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$20.00/

**B. Orlando, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 651 Ladd Street  
 City Lehigh Acres State FL Zip Code 33974-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A91ACE628D3A14063809**  
 Amount of Each Receipt this Period 23.06  
 Memo Item  
 Payroll Deduction: \$11.53/

**C. Holstein, Andrew, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 803 Hallowell Drive  
 City West Chester State PA Zip Code 19382-5242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director of Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AF32408A4024A4FF8987**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Payroll Deduction: \$17.50/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.06
<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 17 OF 33
	<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. Crick, Robert, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4307 Twillingate Lane  
 City Louisville State KY Zip Code 40241-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AA6FA36E025F640709E2**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**B. Covino, Steven, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Headquarters 920 Winter Street  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director of Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A9E11CD40B75C4A80B63**  
 Amount of Each Receipt this Period 96.16  
 Memo Item  
 Payroll Deduction: \$48.08/

**C. Easterbrook, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4646 North Greenview Avenue Apt 10  
 City Chicago State IL Zip Code 60640-7014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director of Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AFBA679CBFDA745EE99A**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	164.62
<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 33
<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. Fonvielle, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6750 Mt. Vernon Dr.  
 City Melrose State FL Zip Code 32666-8967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AD9C6F417B8F34246814**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 Payroll Deduction: \$12.00/

**B. Kawa, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Glacier Drive  
 City Westwood State MA Zip Code 02090-1818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional Director of Education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A69920B1AFDB14CF8950**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction: \$25.00/

**C. Britton, Elizabeth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2559 Hitchcock Street  
 City Henderson State NV Zip Code 89052-4929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional Quality Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A6D1FBD92BFC84256BC8**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<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 33
<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. Shaw, Steven, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Summit Road

City Southborough	State MA	Zip Code 01772-1733
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Fresenius Medical Care NA	Occupation (for Individual) Vice President, HR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2016

**Transaction ID : A861F83BA029F4F87A8C**

Amount of Each Receipt this Period  
40.00

Memo Item  
Payroll Deduction: \$20.00/

**B. Burke, Maria, N, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5049 Oxfordshire Rd

City Waxhaw	State NC	Zip Code 28173-7324
----------------	-------------	------------------------

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

Name of Employer (for Individual) Fresenius Medical Care NA	Occupation (for Individual) VP Strategic Planning
--	--

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
09 / 24 / 2016

**Transaction ID : A63C55285FFC54517B82**

Amount of Each Receipt this Period  
60.00

Memo Item  
Payroll Deduction: \$30.00/

**C. Carlton, Terri, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 Dairy Road

City Nebo	State NC	Zip Code 28761-6860
--------------	-------------	------------------------

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

Name of Employer (for Individual) Fresenius Medical Care NA	Occupation (for Individual) Area Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2016

**Transaction ID : AA489F6FF320F4164B60**

Amount of Each Receipt this Period  
38.46

Memo Item  
Payroll Deduction: \$19.23/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<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. Cowens, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Grant Ave #708  
 City San Francisco State CA Zip Code 94108-3657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Vice President, Physician Practice Ser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A197F365D61A04454921**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**B. Spinelli, Edda, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3333 West Highway Suite 101  
 City Newport Beach State CA Zip Code 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Clincl Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A0DB7C66234F94154BD3**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$20.00/

**C. Jee, Gordon, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Union Street Unit 3  
 City Newburyport State MA Zip Code 01950-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Sr Manager, Product Delivery  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AEFCF5EB5096C4606831**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

<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 21 OF 33
	<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. Parlier, Geronia, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6100 Dutchmans Lane  
 Kaden Tower 8th Floor  
 City Louisville State KY Zip Code 40205-3384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP UltraCare Customer Connection  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A0DA8E932C0704EC9AA5**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

**B. Dubinsky, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Wellman Ave  
 City North Chelmsford State MA Zip Code 01863-1362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Operations Integrity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A876B2EAFEDA44137A7D**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**C. Demlow, Katrina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1714 Avenida Vista Labera  
 City Oceanside State CA Zip Code 92056-6508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Clinical Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.45

Date of Receipt 09 / 24 / 2016  
**Transaction ID : ACDACB3630D9F40AD8D5**  
 Amount of Each Receipt this Period 23.10  
 Memo Item  
 Payroll Deduction: \$11.55/

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.48  
**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 33
	<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**

**A. Walsh, Liam, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Headquarters  
 920 Winter Street  
 City Waltham State MA Zip Code 02451-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AEFD1E1D8344F46D9B37**  
 Amount of Each Receipt this Period 134.00  
 Memo Item  
 Payroll Deduction: \$67.00/

**B. Lamunyon, Cynthia, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18121 E. Watford Dr  
 City Queen Creek State AZ Zip Code 85142-8490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Sr. Director of Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A871C73D43AD847D3ACC**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

**C. McKinney, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3711 South Mopac Expsy  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) President, Fresenius Health Partners  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A662D0C1315D445269BD**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 Payroll Deduction: \$70.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	304.00
<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 23 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Baldasaro, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Valencia Lane

City Clifton Park	State NY	Zip Code 12065-5827
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Fresenius Medical Care NA	Occupation (for Individual) VP ITG Revenue Systems
--	---

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
09	/	24	/	2016

**Transaction ID : A182B9028A9FC44139B8**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll Deduction: \$25.00/

**B. Asselta, Michael, Jon, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Bel Air

City Flower Mound	State TX	Zip Code 75022-4523
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Fresenius Medical Care NA	Occupation (for Individual) SVP, Operational Excellence
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2016

**Transaction ID : A99D9D64B1E774315BAA**

Amount of Each Receipt this Period  
38.46

Memo Item  
Payroll Deduction: \$19.23/

**C. Garza, Gregory, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2020 East First Street Suite 110

City Santa Ana	State CA	Zip Code 92705-4029
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Fresenius Medical Care NA	Occupation (for Individual) Vice President Integrated Care
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2016

**Transaction ID : A574617C9B72C49DE9BE**

Amount of Each Receipt this Period  
40.00

Memo Item  
Payroll Deduction: \$20.00/

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<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. Gazella, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 Gamble Road  
 City Oakdale State PA Zip Code 15071-3013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A9C60D1A532D24CF98EF**  
 Amount of Each Receipt this Period 27.00  
 Memo Item  
 Payroll Deduction: \$13.50/

**B. Kinser, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 W McEwen Drive Suite 500  
 City Franklin State TN Zip Code 37067-1731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A181FAA372A7840D6AF1**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**C. Painter, Donna, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 North O'Connor Blvd. 11th Floor  
 City Irving State TX Zip Code 75039-3713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : ACDBEF1878A274EC39B8**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.92
<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 25 OF 33
<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. Buck, Michael, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 Lilyfield Drive  
 City Trophy Club State TX Zip Code 76262-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Sr. Director, Performance Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A9AE6D7AC97F34945B7A**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction: \$10.00/

**B. Early, Mignon, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Bennington Way  
 City Greer State SC Zip Code 29650-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AB5CE75C863F94BD18B0**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction: \$30.00/

**C. Johnston, Joseph, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4333 Meridian Blvd  
 City Warrington State PA Zip Code 18976-2928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Sr VP of Biomedical Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A7B79872CDE2A41C8BF5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction: \$25.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 26 OF 33
	<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. Ketchersid, Terry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 North Main St.  
 City South Boston State VA Zip Code 24592-5223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A6155DCB9792E4158A2C**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction: \$100.00/

**B. Mills, Allen, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 South Caldwell St Suite 920  
 City Charlotte State NC Zip Code 28202-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Group Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AFD3E0D03764748DBAF4**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

**C. Cariello, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Three Islands Blvd Apt 509  
 City Hallandale Beach State FL Zip Code 33009-2819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP of Real Estate & Construction Servi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A6FB8876D1CF94424ACD**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 Payroll Deduction: \$38.46/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	353.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33
	<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. Perritano, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15238 Redbird Manor  
 City San Antonio State TX Zip Code 78253-5543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AEF96A0B53F944516AF1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$15.00/

**B. Harvey, Deborah, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Galleria Parkway Suite 1200  
 City Atlanta State GA Zip Code 30339-5954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A68EC56209BBF428EA1A**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction: \$150.00/

**C. Sonnen, Kimberly, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5251 DTC Parkway One DTC Suite 500  
 City Greenwood Village State CO Zip Code 80111-2799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) SVP Marketing & Managed Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A598D66B27ADA4E7B941**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Deduction: \$130.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	590.00
<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 28 OF 33
<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. Hall, Erma, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3850 N Causeway Blvd  
 Ste 1400  
 City Metairie State LA Zip Code 70002-8167  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : ACADFFA5A61394016B5D**  
 Amount of Each Receipt this Period 76.00  
 Memo Item  
 Payroll Deduction: \$38.00/

**B. Smith, Christopher, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1373 N McKenna Ln  
 City Gilbert State AZ Zip Code 85233-2017  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.20

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A84079A1C2C424FA19FB**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$20.00/

**C. Hayes, Anthony, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Galleria Parkway  
 Suite 1200  
 City Atlanta State GA Zip Code 30339-5954  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Group Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : AA73881B657D54451B75**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 Payroll Deduction: \$31.00/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.00
<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 29 OF 33
<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. Davis, Mary, Jo, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 S Lewis  
 City Lombard State IL Zip Code 60148-2938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director of Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A27E2CD27F91B4A9FB55**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 Payroll Deduction: \$12.00/

**B. David, Drew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2282 Floral Ridge Drive  
 City Dacula State GA Zip Code 30019-7214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Director of Market Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A1E9B228FDA0C41CCB96**  
 Amount of Each Receipt this Period 23.08  
 Memo Item  
 Payroll Deduction: \$11.54/

**C. Moran, Judith, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Passaic Ave Suite 300  
 City Fairfield State NJ Zip Code 07004-3592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fresenius Medical Care NA Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 24 / 2016  
**Transaction ID : A75802A48CBD9453F90B**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction: \$19.23/

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.54
<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 30 OF 33
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Geraci, Sandra, M, ,**

Mailing Address **262 Berenger Walk**

City <b>Royal Palm Beach</b>	State <b>FL</b>	Zip Code <b>33414-4346</b>
---------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Fresenius Medical Care NA</b>	Occupation (for Individual) <b>Director of Sales</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt  
**09 / 24 / 2016**

**Transaction ID : A863DC2D5B3994430AC4**

Amount of Each Receipt this Period  
**80.00**

Memo Item  
Payroll Deduction: \$40.00/

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5770.46</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"/> 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. BB&T Bank**

Mailing Address 317 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1148

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C  
**Transaction ID : BA3AB24AD/**  
Amount of Each Disbursement this Period  
36.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

36.00  
36.00

**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"/> 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) <b>A. Friends Of John Thune</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address PO Box 841		FEC Identification Number C S2SD00068 <b>Transaction ID : B90DE19C82</b>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name <b>Thune, John, , Sen.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Mike Thompson For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 5429 Madison Avenue		FEC Identification Number C H8CA01109 <b>Transaction ID : BCABD93C0F</b>
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name <b>Thompson, Mike, , Rep.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DAVE REICHERT</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address PO BOX 2032		FEC Identification Number C H4WA08071 <b>Transaction ID : BB47726939</b>
City ISSAQUAH	State WA	Zip Code 98027
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Reichert, Dave, G., Rep.,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 08	<input type="checkbox"/> Memo Item

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

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

6500.00

**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"/> 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) <b>A. MURRAY VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 119 1ST AVENUE SOUTH SUITE 320		FEC Identification Number C [REDACTED] <b>Transaction ID : BCD7E23B1E</b> Amount of Each Disbursement this Period 5000.00
City SEATTLE	State WA	Zip Code 98104
Purpose of Disbursement Political Contribution - \$2500 to People for Patty Murray G-2016 Election		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Continuing America's Strength &amp; Security PAC - CASS PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO Box 80505		FEC Identification Number C [REDACTED] <b>Transaction ID : B2F145ADFE</b> Amount of Each Disbursement this Period 5000.00
City Baton Rouge	State LA	Zip Code 70898
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. NewDem PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2016
Mailing Address 700 13th Street, NW Suite 600		FEC Identification Number C [REDACTED] <b>Transaction ID : B735A4CEE!</b> Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21500.00