

**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="2013"/>		46781.11
(b) Cash on Hand at Beginning of Reporting Period.....	28029.48	
(c) Total Receipts (from Line 19)	14058.14	166018.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42087.62	212799.36
7. Total Disbursements (from Line 31).....	9050.75	179762.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33036.87	33036.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12171.15	129425.85
(ii) Unitemized	1886.99	33267.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14058.14	162693.30
(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)	14058.14	162693.30
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	324.95
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))..... ▶	14058.14	166018.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14058.14	166018.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	50.75	1012.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	50.75	1012.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	176750.00
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	2000.00
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)) ..	9050.75	179762.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9050.75	179762.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14058.14	162693.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14058.14	162693.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.75	1012.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.75	1012.49

**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 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Lisa Dombro		Date of Receipt 10 / 31 / 2013 Transaction ID : PR11004817561
Mailing Address 927 Prairie Avenue		Amount of Each Receipt this Period 576.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.51	P/R Deduction (\$576.93 Monthly)

Full Name (Last, First, Middle Initial) B. Tracey E Ramsey Abbott		Date of Receipt 10 / 31 / 2013 Transaction ID : PR11749237561
Mailing Address 8620 Burnet Rd, Suite 400		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) C. Stephanie DeFranco		Date of Receipt 10 / 31 / 2013 Transaction ID : PR11749267561
Mailing Address 525 Sycamore Drive		Amount of Each Receipt this Period 115.38
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	752.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR11749307561

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

B. 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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR11749357561

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

C. Donald N Cantalupo
Full Name (Last, First, Middle Initial)
Mailing Address 100 Patterson Plank Rd, #313

City Jersey City	State NJ	Zip Code 07307
---------------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation RSM
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR11760187561

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **461.52**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR11760207561

Amount of Each Receipt this Period **115.38**

P/R Deduction (\$115.38 Monthly)

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

Mailing Address 3501 Moyers Circle, Suite 200

City Masonic Home State KY Zip Code 40041

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

Name of Employer Fresenius Medical Care NA Occupation RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR11760217561

Amount of Each Receipt this Period **57.69**

P/R Deduction (\$57.69 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR11760237561

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **248.07**

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

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

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

FOR LINE NUMBER: PAGE 9 OF 45
(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. Joseph Ruma

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 ▼
 215.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR12063717561

Amount of Each Receipt this Period
 90.00

P/R Deduction (\$90.00 Monthly)

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

Mailing Address 211 Claybook Rd.

City State Zip Code
 Dover MA 02030-2008

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

Name of Employer Occupation
 Fresenius Medical Care NA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7883587561

Amount of Each Receipt this Period
 576.93

P/R Deduction (\$576.93 Monthly)

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

Mailing Address 12 Deer Grass Ln

City State Zip Code
 Acton MA 01720-4755

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

Name of Employer Occupation
 Fresenius Medical Care NA President SRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7883657561

Amount of Each Receipt this Period
 576.93

P/R Deduction (\$576.93 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1243.86

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

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

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

FOR LINE NUMBER: PAGE 10 OF 45
(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. Wendy Schrag

Mailing Address 625 Medical Center Dr

City State Zip Code
 Newton KS 67114-8780

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7883747561

Amount of Each Receipt this Period
 45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 10431 Oakbrook Dr

City State Zip Code
 Tampa FL 33618-5352

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

Name of Employer Occupation
 Fresenius Medical Care NA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7883757561

Amount of Each Receipt this Period
 115.38

P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7883797561

Amount of Each Receipt this Period
 115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<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. Jeffrey J Sands
Full Name (Last, First, Middle Initial)

Mailing Address 231 Celebration Blvd

City Celebration State FL Zip Code 34747

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

Name of Employer Fresenius Medical Care NA Occupation VP & Associate Medical Director Device

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7883827561

Amount of Each Receipt this Period **115.38**

P/R Deduction (\$115.38 Monthly)

B. Arturo Villamil
Full Name (Last, First, Middle Initial)

Mailing Address 41 Medici St.

City San Juan State PR Zip Code 00926

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1692.24**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7883877561

Amount of Each Receipt this Period **230.76**

P/R Deduction (\$230.76 Monthly)

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

Mailing Address 5251 Dtc Pkwy Suite 500

City Greenwood Village State CO Zip Code 80111

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7883917561

Amount of Each Receipt this Period **57.69**

P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **403.83**

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 12 OF 45
	(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. Robin Purcell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013
Mailing Address 920 Winter Street		Transaction ID : PR7883937561
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Fresenius Medical Care NA	Occupation VP of HR	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Simon Catellanos		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013
Mailing Address 920 Winter Street		Transaction ID : PR7883947561
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 576.93	
Name of Employer Fresenius Medical Care NA	Occupation Executive VP	P/R Deduction (\$576.93 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.82	

Full Name (Last, First, Middle Initial) c. Terry O Gilpin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013
Mailing Address 4631 Woodland Corporate Blvd Suite Suite 113		Transaction ID : PR7883957561
City Tampa	State FL	Zip Code 33614-2414
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.76	
Name of Employer Fresenius Medical Care NA	Occupation President DSD North Ops	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 ▼ 1692.24	

SUBTOTAL of Receipts This Page (optional).....▶	907.69
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 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3850 N Causeway

City State Zip Code
 Metairie LA 70002-4719

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

Name of Employer Occupation
 Fresenius Medical Care NA VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 836.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : PR7883967561

Amount of Each Receipt this Period
 114.00

P/R Deduction (\$114.00 Monthly)

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

Mailing Address 1602 Hampton Oaks Bnd

City State Zip Code
 Marietta GA 30066-4451

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

Name of Employer Occupation
 Fresenius Medical Care NA Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : PR7883977561

Amount of Each Receipt this Period
 450.00

P/R Deduction (\$450.00 Monthly)

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

Mailing Address 5251 DTC Parkway, Suite 500

City State Zip Code
 Greenwood Village CO 80111

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

Name of Employer Occupation
 Fresenius Medical Care NA Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : PR7883997561

Amount of Each Receipt this Period
 346.14

P/R Deduction (\$346.14 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 910.14

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 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Fresenius Medical Care North America PAC

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

Mailing Address 5809 Chatham Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1474.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7884007561

Amount of Each Receipt this Period
201.00

P/R Deduction (\$201.00 Monthly)

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

Mailing Address 240 S Madison St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7884017561

Amount of Each Receipt this Period
390.00

P/R Deduction (\$390.00 Monthly)

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

Mailing Address 920 Winter Street
Suite 303

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

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

Name of Employer Fresenius Medical Care NA	Occupation President, RRI
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3346.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR7884057561

Amount of Each Receipt this Period
115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	706.38
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 15 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Anthony Hayes

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

City Atlanta State GA Zip Code 30339-7004

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **682.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7884077561

Amount of Each Receipt this Period **93.00**

P/R Deduction (\$93.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Michael Parlier

Mailing Address 6100 Dutchmans Lane, 14th 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 Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7884187561

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 6 Williams Street

City Waltham State MA Zip Code 02453-4131

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

Name of Employer Fresenius Medical Care NA Occupation Director of Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.52**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7884957561

Amount of Each Receipt this Period **288.48**

P/R Deduction (\$288.48 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **441.48**

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:	PAGE 16 OF 45
	(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. Carol A Ernst		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : PR7885007561
Mailing Address 22370 N 64th Ave		Amount of Each Receipt this Period 115.38
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	P/R Deduction (\$115.38 Monthly)

Full Name (Last, First, Middle Initial) B. K. Brett Heiner		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : PR7885107561
Mailing Address 874 West 1145 North		Amount of Each Receipt this Period 30.00
City West Point	State UT	Zip Code 84015-8876
FEC ID number of contributing federal political committee. C	Name of Employer Fresenius Medical Care NA	Occupation Distribution Center Manager II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) C. Matthew D Kinser		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : PR7885157561
Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230		Amount of Each Receipt this Period 115.38
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	260.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<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. Donna M Painter
Full Name (Last, First, Middle Initial)

Mailing Address 105 W 7th Avenue Suite 1000
Suite 1000

City Corsicana State TX Zip Code 75110-6449

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 ▼
330.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR7885247561

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 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 ▼
440.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR7885367561

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

C. Barry M Doherty
Full Name (Last, First, Middle Initial)

Mailing Address 13216 NE Salmon Creek Ave, Suite K

City Vancouver State WA Zip Code 98686

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

Name of Employer Fresenius Medical Care NA Occupation Deployment Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR7885387561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 45
	<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. Wm Gary Livesay
Full Name (Last, First, Middle Initial)

Mailing Address 520 10th Avenue South

City State Zip Code
Surfside Beach MA 29575-3213

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

Name of Employer Occupation
Fresenius Medical Care NA Area Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR7885437561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. Mark R Fawcett
Full Name (Last, First, Middle Initial)

Mailing Address 100 Franklin Street

City State Zip Code
Arlington MA 02474-3214

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR7885587561

Amount of Each Receipt this Period
57.69

P/R Deduction (\$57.69 Monthly)

C. Jessica Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 93 Russell Street

City State Zip Code
Waltham MA 02453-8510

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

Name of Employer Occupation
Fresenius Medical Care NA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.66

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR7885597561

Amount of Each Receipt this Period
34.59

P/R Deduction (\$34.59 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	122.28
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kimberly Grelle-Swint		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : PR7885657561
Mailing Address 6100 Bandera Rd Suite 600 Suite 600		Amount of Each Receipt this Period 60.00
City San Antonio	State TX	Zip Code 78238-1667
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Regional Director of Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
		P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) B. Nicole Devore		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : PR7885757561
Mailing Address 801 Pennsylvania Ave NW Suite 225 Suite 225		Amount of Each Receipt this Period 57.69
City Washington	State DC	Zip Code 20004-2604
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
		P/R Deduction (\$57.69 Monthly)

Full Name (Last, First, Middle Initial) C. Balaji Gandhi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : PR7885817561
Mailing Address 920 Winter St		Amount of Each Receipt this Period 50.00
City Waltham	State MA	Zip Code 02451-1521
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation VP Gov't & External Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	167.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **431.53**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7885907561

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Mimi Storey

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 Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7885987561

Amount of Each Receipt this Period **36.00**

P/R Deduction (\$36.00 Monthly)

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

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 ▼ **423.06**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR7886007561

Amount of Each Receipt this Period **57.69**

P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **153.69**

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 45
<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. Robert Sepucha

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 ▼ **2307.72**

Date of Receipt: **10 / 31 / 2013**

Transaction ID : PR7886087561

Amount of Each Receipt this Period: **576.93**

P/R Deduction (\$576.93 Monthly)

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

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 ▼ **880.00**

Date of Receipt: **10 / 31 / 2013**

Transaction ID : PR7886297561

Amount of Each Receipt this Period: **120.00**

P/R Deduction (\$120.00 Monthly)

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

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 ▼ **423.06**

Date of Receipt: **10 / 31 / 2013**

Transaction ID : PR7886317561

Amount of Each Receipt this Period: **57.69**

P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	754.62
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 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jacqueline Wenzler		Date of Receipt 10 / 31 / 2013 Transaction ID : PR7886327561
Mailing Address 100 Galleria Parkway Suite 500 Suite 500		Amount of Each Receipt this Period 30.00
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee.	C	
Name of Employer Fresenius Medical Care NA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. Geronia F Parlier		Date of Receipt 10 / 31 / 2013 Transaction ID : PR7979597561
Mailing Address 6100 Dutchmans Lane, 8th Floor		Amount of Each Receipt this Period 57.69
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
		P/R Deduction (\$57.69 Monthly)

Full Name (Last, First, Middle Initial) C. Jenny Lee Fischer		Date of Receipt 10 / 31 / 2013 Transaction ID : PR7979657561
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 57.69
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	
		P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	145.38
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 23 OF 45
	<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. Michelle Gazella
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 ▼ 297.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR7979677561
Amount of Each Receipt this Period 40.50
P/R Deduction (\$40.50 Monthly)

B. Thomas C Graham
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 ▼ 550.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR7979687561
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 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 ▼ 1100.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR7979767561
Amount of Each Receipt this Period 150.00
P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 265.50
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Joseph Marino

Mailing Address 5251 Dtc Pkwy Suite 500

City Greenwood Village State CO Zip Code 80111-2734

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

Name of Employer Fresenius Medical Care NA Occupation Sr Director, Joint Venture Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : PR797987561

Amount of Each Receipt this Period
28.86

P/R Deduction (\$28.86 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : PR7979837561

Amount of Each Receipt this Period
57.69

P/R Deduction (\$57.69 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation VP Operations Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : PR8131087561

Amount of Each Receipt this Period
115.38

P/R Deduction (\$115.38 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	201.93
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
	<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. Christopher Fonvielle
 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 ▼ 294.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR8131097561
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$36.00 Monthly)

B. 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 ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR8306757561
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

C. Robyn Seitzinger
 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, Renal Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR8409367561
 Amount of Each Receipt this Period 57.69
 P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 243.69
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 26 OF 45
<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. Keith Alderman

Mailing Address 5268 East Raines Road

City	State	Zip Code
Memphis	TN	38118

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 ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR8732997561

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. James G Fowlds

Mailing Address 3545 Wilshire Blvd, Suite 103

City	State	Zip Code
Los Angeles	CA	91342

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

Name of Employer	Occupation
Fresenius Medical Care NA	Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR8733027561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 Monthly)

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

Mailing Address 511 N Brookhurst Street, Suite 100
Suite 100

City	State	Zip Code
Anaheim	CA	92801

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

Name of Employer	Occupation
Fresenius Medical Care NA	Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR8733037561

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	147.69
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR8733047561

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Kimberly Larsen

Mailing Address 1276 Kitson Street

City Sturgis	State MI	Zip Code 49091
-----------------	-------------	-------------------

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 ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR8736007561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 Monthly)

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

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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9341897561

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	222.69
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 28 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William Crawford
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galleria Parkway, Suite 1200

City	State	Zip Code
Atlanta	GA	30339

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 ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9341917561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 Monthly)

B. Katrina Demlow
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Vista Way

City	State	Zip Code
Oceanside	CA	92056

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

Name of Employer	Occupation
Fresenius Medical Care NA	Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9341937561

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

C. Janice D Lindsay
Full Name (Last, First, Middle Initial)

Mailing Address 111 Elizabeth Street

City	State	Zip Code
Clinton	NC	28323

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 ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9342047561

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	203.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Deanna Patterson

Mailing Address 8688 Broadway

City State Zip Code
Merillville IN 46410

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR9342087561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. Steve Shaw

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 Vice President, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR9342097561

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

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

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 Director Biomedical Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR9342127561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 45
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Gary Coyle
Full Name (Last, First, Middle Initial)

Mailing Address 920 Pierremont Street

City Shreveport State LA Zip Code 71105

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

Name of Employer Fresenius Medical Care NA Occupation Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 / /
10 / 31 / 2013

Transaction ID : PR9369627561

Amount of Each Receipt this Period
 57.69

P/R Deduction (\$57.69 Monthly)

B. Stephen Cummings
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Brampton Ave

City Statesboro State GA Zip Code 30458

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

Name of Employer Fresenius Medical Care NA Occupation Operations Manager, Coastal Area

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 / /
10 / 31 / 2013

Transaction ID : PR9369637561

Amount of Each Receipt this Period
 57.69

P/R Deduction (\$57.69 Monthly)

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

Mailing Address 2282 Floral Ridge Drive

City Dacula State GA Zip Code 30019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.88**

Date of Receipt
 / /
10 / 31 / 2013

Transaction ID : PR9369647561

Amount of Each Receipt this Period
 34.62

P/R Deduction (\$34.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 150.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45
	<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. Mary Jo Davis
Full Name (Last, First, Middle Initial)

Mailing Address One Westbrook Corporate Ctr, Suite

City Westchester State IL Zip Code 60154

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9369657561

Amount of Each Receipt this Period **36.00**

P/R Deduction (\$36.00 Monthly)

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

Mailing Address 4646 N Greenview Ave #10

City Chicago State IL Zip Code 60640

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9369667561

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$45.00 Monthly)

C. Domenic Gaeta
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9369707561

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **111.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 100 Galleria Drive, Suite 500

City Atlanta State GA Zip Code 30080

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

Name of Employer Fresenius Medical Care NA Occupation Director Market Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9369727561

Amount of Each Receipt this Period **57.69**

P/R Deduction (\$57.69 Monthly)

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

Mailing Address 750 Old Hickory Blvd, Suite 230

City Brentwood State TN Zip Code 37027

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

Name of Employer Fresenius Medical Care NA Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9369787561

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.76**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9369807561

Amount of Each Receipt this Period **57.69**

P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **415.38**

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 33 OF 45
	<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. Christine McLean
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 A/R
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR9369867561
Amount of Each Receipt this Period 28.86
P/R Deduction (\$28.86 Monthly)

B. Kristine Pace
Full Name (Last, First, Middle Initial)
Mailing Address 711 East Jefferson Street
City Oak Grove State LA Zip Code 71263
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Clinical Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR9369887561
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. William Perry
Full Name (Last, First, Middle Initial)
Mailing Address 26 Wadsworth Road
City Ashland State MA Zip Code 01721
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Director of Sales, TruBlue Logistics
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 509.22

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013
Transaction ID : PR9369897561
Amount of Each Receipt this Period 90.00
P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 148.86
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 34 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David Roder
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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : PR9369927561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

B. 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 ▼ **1210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : PR9369957561

Amount of Each Receipt this Period
165.00

P/R Deduction (\$165.00 Monthly)

c. Linda Sherman
Full Name (Last, First, Middle Initial)

Mailing Address 12120 Plum Orchard Drive, Suite 14

City Silver Spring State MD Zip Code 21710

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

Name of Employer Fresenius Medical Care NA Occupation Home Therapies Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : PR9369977561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 45
<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. Richard Van Zandt
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 - Business Development
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **949.98**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9370007561

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 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 ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9370017561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 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 ▼ **321.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9370027561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9419327561

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Monthly)

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

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 ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9419337561

Amount of Each Receipt this Period

52.50

P/R Deduction (\$52.50 Monthly)

c. Douglas S Maggio
Full Name (Last, First, Middle Initial)

Mailing Address 950 Golfview Ct

City	State	Zip Code
Dacula	GA	30019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **254.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9419357561

Amount of Each Receipt this Period

34.65

P/R Deduction (\$34.65 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	202.53
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 37 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
2640.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR9419367561

Amount of Each Receipt this Period
360.00

P/R Deduction (\$360.00 Monthly)

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

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

City State Zip Code
Irving TX 75039

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

Name of Employer Occupation
Fresenius Medical Care NA VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR9419377561

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Alex J Rosenblum

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

City State Zip Code
Irving TX 75039

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

Name of Employer Occupation
Fresenius Medical Care NA VP Quality Improvement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR9419387561

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 45
	<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. 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 ▼ **880.00**

Date of Receipt: 10 / 31 / 2013
Transaction ID : PR9419417561

Amount of Each Receipt this Period: **120.00**

P/R Deduction (\$120.00 Monthly)

B. John Baldasaro
Full Name (Last, First, Middle Initial)

Mailing Address 32 Hartwell Ave

City Lexington State MA Zip Code 02421

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt: 10 / 31 / 2013
Transaction ID : PR9430517561

Amount of Each Receipt this Period: **75.00**

P/R Deduction (\$75.00 Monthly)

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

Mailing Address PO Box 113

City Grantham State NH Zip Code 03753

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt: 10 / 31 / 2013
Transaction ID : PR9430527561

Amount of Each Receipt this Period: **45.00**

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 129 West Trade Street, Suite 1050

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9430537561

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

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

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 ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9430547561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 Monthly)

C. Jason Grayson
Full Name (Last, First, Middle Initial)

Mailing Address 5100 N. Brookline Ave, Suite 275

City Oklahoma City	State OK	Zip Code 73112
-----------------------	-------------	-------------------

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 ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9430627561

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	177.69
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 40 OF 45
	<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. Susan Raulie
Full Name (Last, First, Middle Initial)

Mailing Address 6100 Bandera Rd, Suite 600

City San Antonio	State TX	Zip Code 78236
---------------------	-------------	-------------------

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 ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9430707561

Amount of Each Receipt this Period

57.69

P/R Deduction (\$57.69 Monthly)

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

Mailing Address 3725 National Drive, Suite 130

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

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

Name of Employer Fresenius Medical Care NA	Occupation Development & Certificate of Need
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9430737561

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C. Constance Torrey-Romanus
Full Name (Last, First, Middle Initial)

Mailing Address 3300 N. Main Street

City Peoria	State IL	Zip Code 61611
----------------	-------------	-------------------

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 ▼ **253.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR9430747561

Amount of Each Receipt this Period

34.59

P/R Deduction (\$34.59 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	122.28
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 41 OF 45
	<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. Michael Tully
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 Mgr Corp Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9430757561

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$45.00 Monthly)

B. Richard Bove
Full Name (Last, First, Middle Initial)

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Sr. Director, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **352.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9962047561

Amount of Each Receipt this Period **48.00**

P/R Deduction (\$48.00 Monthly)

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

Mailing Address One Westbrook Corporate Ctr, Suite

City Westchester State IL Zip Code 60047

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

Name of Employer Fresenius Medical Care NA Occupation President, North Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1692.24**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR9986997561

Amount of Each Receipt this Period **230.76**

P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **323.76**

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

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

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

FOR LINE NUMBER: PAGE 42 OF 45
(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

A. Carolyn Latham
Full Name (Last, First, Middle Initial)
Mailing Address 750 Old Hickory Blvd, Suite 230
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2013**
Transaction ID : PR9999397561
Amount of Each Receipt this Period **115.38**
P/R Deduction (\$115.38 Monthly)

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	12171.15

**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. Comerica Bank

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

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 : 7767703

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. Peters For Michigan

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Gary Peters

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2013

Transaction ID : 7717224

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. PATPAC

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Direct Contribution

011

Candidate Name

PATPAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2013

Transaction ID : 7724463

Amount of Each Disbursement this Period

4000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends for Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2013

Transaction ID : 7769923

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

8000.00

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. Friends for Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Void - Friends for Jim McDermott

011

Candidate Name

Rep. Jim McDermott

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 7784098

Amount of Each Disbursement this Period

-1000.00

Void - Friends for Jim McDermott

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : 7786156

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

9000.00