

**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="2014"/>	<input type="text" value="50251.20"/>	<input type="text" value="50251.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76373.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9894.52"/>	<input type="text" value="110570.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86267.77"/>	<input type="text" value="160821.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="191.98"/>	<input type="text" value="74745.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86075.79"/>	<input type="text" value="86075.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fresenius Medical Care North America PAC

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

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).....	6921.64	80301.51
(ii) Unitemized	1862.66	28715.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8784.30	109016.89
(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)	8784.30	109016.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1110.22	1553.15
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))..... ▶	9894.52	110570.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9894.52	110570.04

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	191.98	1264.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	191.98	1264.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	73000.00
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	480.76
(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	480.76
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	191.98	74745.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	191.98	74745.45

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)	8784.30	109016.89
34. Total Contribution Refunds (from Line 28(d))	0.00	480.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8784.30	108536.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	191.98	1264.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	191.98	1264.69

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

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

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

Full Name (Last, First, Middle Initial) A. Lisa Dombro		Date of Receipt 08 / 31 / 2014 Transaction ID : PR110048112830
Mailing Address 927 Prairie Avenue		Amount of Each Receipt this Period 384.62
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 ▼ 3269.27	P/R Deduction (\$384.62 Monthly)

Full Name (Last, First, Middle Initial) B. Tracey E Ramsey Abbott		Date of Receipt 08 / 31 / 2014 Transaction ID : PR117492312830
Mailing Address 8620 Burnet Rd, Suite 400		Amount of Each Receipt this Period 40.00
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 ▼ 340.00	P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) C. Stephanie DeFranco		Date of Receipt 08 / 31 / 2014 Transaction ID : PR117492612830
Mailing Address 525 Sycamore Drive		Amount of Each Receipt this Period 76.92
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 ▼ 653.82	P/R Deduction (\$76.92 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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 ▼ 425.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR117493012830
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR117493512830
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 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 ▼ 425.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR117601812830
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Nelson Coimbre
 Full Name (Last, First, Middle Initial)
 Mailing Address 2219 Hollywood Blvd, Suite 101
 City Hollywood State FL Zip Code 33020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Senior Construction Estimator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 08 / 31 / 2014
Transaction ID : PR117601912830
 Amount of Each Receipt this Period 34.62
 P/R Deduction (\$34.62 Monthly)

B. Michelle Cowens
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 Goldenwest
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Vice President, Physician Practice Ser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR117602012830
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Monthly)

C. Robert D Crick
 Full Name (Last, First, Middle Initial)
 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 ▼ 326.91

Date of Receipt 08 / 31 / 2014
Transaction ID : PR117602112830
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 9 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph H Johnston			Date of Receipt 08 / 31 / 2014 Transaction ID : PR117602312830
Mailing Address 920 Winter Street			Amount of Each Receipt this Period 50.00
City Waltham	State MA	Zip Code 02451	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation Sr VP of Biomedical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) B. Joseph Ruma			Date of Receipt 08 / 31 / 2014 Transaction ID : PR120637112830
Mailing Address 920 Winter Street			Amount of Each Receipt this Period 60.00
City Waltham	State MA	Zip Code 02451	P/R Deduction (\$60.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation VP Development Acquisitions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) C. Brian Silva			Date of Receipt 08 / 31 / 2014 Transaction ID : PR124957112830
Mailing Address 920 Winter Street			Amount of Each Receipt this Period 384.62
City Waltham	State MA	Zip Code 02451	P/R Deduction (\$384.62 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Fresenius Medical Care NA	Occupation SVP, Human Resources & Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.65		

SUBTOTAL of Receipts This Page (optional).....▶	494.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 211 Claybook Rd.

City Dover	State MA	Zip Code 02030-2008
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR78835812830

Amount of Each Receipt this Period
384.60

P/R Deduction (\$384.60 Monthly)

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

Mailing Address 12 Deer Grass Ln

City Acton	State MA	Zip Code 01720-4755
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR78836512830

Amount of Each Receipt this Period
384.60

P/R Deduction (\$384.60 Monthly)

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

Mailing Address 625 Medical Center Dr

City Newton	State KS	Zip Code 67114-8780
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fresenius Medical Care NA	Occupation Director, Advocacy & Gov Affai
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR78837412830

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	799.20
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

Mailing Address 10431 Oakbrook Dr

City Tampa State FL Zip Code 33618-5352

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR78837512830

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 129 West Trade Street, Suite 1050

City Charlotte State NC Zip Code 28202

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

Name of Employer Fresenius Medical Care NA Occupation Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR78837912830

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

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 ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR78839112830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	192.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Erma Hall
Full Name (Last, First, Middle Initial)
Mailing Address 3850 N Causeway
City Metairie State LA Zip Code 70002-4719
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 ▼ **646.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR78839612830
Amount of Each Receipt this Period **76.00**
P/R Deduction (\$76.00 Monthly)

B. Deborah Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 1602 Hampton Oaks Bnd
City Marietta State GA Zip Code 30066-4451
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **2550.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR78839712830
Amount of Each Receipt this Period **300.00**
P/R Deduction (\$300.00 Monthly)

C. Donna McCarthy
Full Name (Last, First, Middle Initial)
Mailing Address 5251 DTC Parkway, Suite 500
City Greenwood Village State CO Zip Code 80111
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation Division President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1961.46**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR78839912830
Amount of Each Receipt this Period **230.76**
P/R Deduction (\$230.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **606.76**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5809 Chatham Ln

City State Zip Code
The Colony TX 75056-7109

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 ▼
1139.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR78840012830

Amount of Each Receipt this Period
134.00

P/R Deduction (\$134.00 Monthly)

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

Mailing Address 240 S Madison St

City State Zip Code
Denver CO 80209-3010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2210.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR78840112830

Amount of Each Receipt this Period
260.00

P/R Deduction (\$260.00 Monthly)

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

Mailing Address 920 Winter Street
Suite 303

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation
Fresenius Medical Care NA President, RRI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.82

Date of Receipt
08 / 31 / 2014

Transaction ID : PR78840512830

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

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

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

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

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

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

A. Stephanie Curd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 E. Greenville St, Suite H
 Suite 10 C
 City Anderson State SC Zip Code 29621
 Name of Employer Fresenius Medical Care NA Occupation Director, Home Therapies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR78840612830
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Monthly)

B. Anthony Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Galleria Parkway, SE Suite 500
 Suite 500 - 5th Floor
 City Atlanta State GA Zip Code 30339-7004
 Name of Employer Fresenius Medical Care NA Occupation Group Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR78840712830
 Amount of Each Receipt this Period 62.00
 P/R Deduction (\$62.00 Monthly)

C. Steven P Covino
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Williams Street
 City Waltham State MA Zip Code 02453-4131
 Name of Employer Fresenius Medical Care NA Occupation Director of Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.52

Date of Receipt 08 / 31 / 2014
Transaction ID : PR78849512830
 Amount of Each Receipt this Period 96.16
 P/R Deduction (\$96.16 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 168.16
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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carol A Ernst
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 N 64th Ave
 City Glendale State AZ Zip Code 85310-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: Area Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR78850012830
 Amount of Each Receipt this Period: 76.92
 P/R Deduction (\$76.92 Monthly)

B. Matthew D Kinser
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Old Hickory Blvd Suite 230 Suite 230
 City Brentwood State TN Zip Code 37027-4528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Fresenius Medical Care NA Occupation: VP Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR78851512830
 Amount of Each Receipt this Period: 76.92
 P/R Deduction (\$76.92 Monthly)

C. 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 ▼ 255.00

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR78852412830
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **340.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR78853612830

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 100 Franklin Street

City Arlington State MA Zip Code 02474-3214

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR78855812830

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

C. Kimberly Grelle-Swint
Full Name (Last, First, Middle Initial)

Mailing Address 6100 Bandera Rd Suite 600 Suite 600

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR78856512830

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **118.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 801 Pennsylvania Ave NW Suite 225
Suite 225

City Washington State DC Zip Code 20004-2604

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

Name of Employer Fresenius Medical Care NA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt
08 / 31 / 2014
Transaction ID : PR78857512830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼
340.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR78859012830

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 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 ▼
326.91

Date of Receipt
08 / 31 / 2014
Transaction ID : PR78860012830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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 ▼ **3269.27**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : PR78860812830

Amount of Each Receipt this Period: **384.62**

P/R Deduction (\$384.62 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 ▼ **680.00**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : PR78862912830

Amount of Each Receipt this Period: **80.00**

P/R Deduction (\$80.00 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 ▼ **326.91**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : PR78863112830

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

P/R Deduction (\$38.46 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 6100 Dutchmans Lane, 8th Floor

City	State	Zip Code
Louisville	KY	40205

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR79795912830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR79796512830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

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	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR79796712830

Amount of Each Receipt this Period
27.00

P/R Deduction (\$27.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	103.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR79796812830

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. 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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR79797612830

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer Fresenius Medical Care NA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR79798312830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **188.46**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Catherine Dubinsky		Date of Receipt 08 / 31 / 2014 Transaction ID : PR81310812830
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 76.92
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	P/R Deduction (\$76.92 Monthly)

Full Name (Last, First, Middle Initial) B. Christopher Fonvielle		Date of Receipt 08 / 31 / 2014 Transaction ID : PR81310912830
Mailing Address 920 Winter Street		Amount of Each Receipt this Period 24.00
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 ▼ 204.00	P/R Deduction (\$24.00 Monthly)

Full Name (Last, First, Middle Initial) C. William Fink		Date of Receipt 08 / 31 / 2014 Transaction ID : PR83067512830
Mailing Address 32 Hartwell Ave		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	200.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **207.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR87330212830

Amount of Each Receipt this Period

7.70

P/R Deduction (\$7.70 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR87330312830

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 124 Verdae Blvd

City	State	Zip Code
Greenville	SC	29650

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 ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR87330412830

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	107.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **326.91**

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR87360012830

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

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 1607 Revella Arch

City Chesapeake State VA Zip Code 23322

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

Name of Employer: Fresenius Medical Care NA Occupation: Pysician Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR93418912830

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

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 100 Galleria Parkway, Suite 1200

City Atlanta State GA Zip Code 30339

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR93419112830

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

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **126.92**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Katrina Demlow
Full Name (Last, First, Middle Initial)
Mailing Address 3300 Vista Way
City Oceanside State CA Zip Code 92056
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 **438.54**

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR93419312830
Amount of Each Receipt this Period: 23.10
P/R Deduction (\$23.10 Monthly)

B. Steve Shaw
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter Street
City Waltham State MA Zip Code 02451
FEC ID number of contributing federal political committee. **C**
Name of Employer: Fresenius Medical Care NA Occupation: Vice President, HR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR93420912830
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

C. 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 **326.91**

Date of Receipt: 08 / 31 / 2014
Transaction ID : PR93696212830
Amount of Each Receipt this Period: 38.46
P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **101.56**
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 25 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mary Jo Davis

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 ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR93696512830

Amount of Each Receipt this Period
24.00

P/R Deduction (\$24.00 Monthly)

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

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 ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR93696612830

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

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 ▼
326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR93697212830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....	92.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. 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 ▼ **1700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR93697812830

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

B. 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 ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR93698012830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter St

City Waltham	State MA	Zip Code 02451-1521
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR93698912830

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	298.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Peter Sauer

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA Occupation: President - Fresenius Health Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : PR93699512830

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

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 920 Winter Street

City Waltham State MA Zip Code 02451

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

Name of Employer: Fresenius Medical Care NA Occupation: Vice President - Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : PR93700012830

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

P/R Deduction (\$76.92 Monthly)

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

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 ▼ **326.91**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : PR93700112830

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

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	225.38
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:	PAGE 28 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR93700212830

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hallandale State FL Zip Code 33009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR94193212830

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

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

Mailing Address 630 West Germantown Pike, Suite 10

City Plymouth Meeting State PA Zip Code 19462

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 ▼ **297.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR94193312830

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	150.38
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 29 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
2040.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR94193612830

Amount of Each Receipt this Period
240.00

P/R Deduction (\$240.00 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 ▼
425.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR94193712830

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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 Quality Systems & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR94194112830

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00

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

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

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

Mailing Address 32 Hartwell Ave

City	State	Zip Code
Lexington	MA	02421

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR94305112830

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address PO Box 113

City	State	Zip Code
Grantham	NH	03753

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR94305212830

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

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	VP Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR94305312830

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 31 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 326.91

Date of Receipt 08 / 31 / 2014
Transaction ID : PR94305412830
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 Monthly)

B. 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 ▼ 326.91

Date of Receipt 08 / 31 / 2014
Transaction ID : PR94307012830
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 Monthly)

C. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR94307512830
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 106.92
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **272.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR99620412830

Amount of Each Receipt this Period
32.00

P/R Deduction (\$32.00 Monthly)

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

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 ▼ **1307.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR99869912830

Amount of Each Receipt this Period
153.84

P/R Deduction (\$153.84 Monthly)

Full Name (Last, First, Middle Initial)
C. Carolyn Latham

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 ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR99993912830

Amount of Each Receipt this Period
76.92

P/R Deduction (\$76.92 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	262.76
TOTAL This Period (last page this line number only).....▶	6921.64

**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 35
<input 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 checked="" type="checkbox"/> 17

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

A. Fresenius Medical Care North America
 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 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 634.91

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014
Transaction ID : 8632497
 Amount of Each Receipt this Period
 191.98
 Reimbursement of Fees

B. Fresenius Medical Care North America
 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 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1553.15

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014
Transaction ID : 8632715
 Amount of Each Receipt this Period
 918.24
 Reimbursement of Fees

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

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1110.22
TOTAL This Period (last page this line number only).....▶	1110.22

**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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2014

Transaction ID : 8624053

Amount of Each Disbursement this Period: 191.98

Bank Service Charge

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 191.98

TOTAL This Period (last page this line number only)..... ▶ 191.98

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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

A. Nicholas Brownlee

Full Name (Last, First, Middle Initial)

Mailing Address 12 Deer Grass Ln

City Acton State MA Zip Code 01720-4755

Purpose of Disbursement Refund of 2013 PAC Contribution - original ck lost.

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2014

Transaction ID : 8622541

Amount of Each Disbursement this Period: 0.06

Refund of 2013 PAC Contribution - original ck lost.

B. Nicholas Brownlee

Full Name (Last, First, Middle Initial)

Mailing Address 12 Deer Grass Ln

City Acton State MA Zip Code 01720-4755

Purpose of Disbursement Void - Nicholas Brownlee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2014

Transaction ID : 8622560

Amount of Each Disbursement this Period: -0.06

Void - Nicholas Brownlee

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00