

**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="71824.04"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="16344.25"/> | <input type="text" value="144958.64"/> |
| (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="88168.29"/> | <input type="text" value="195209.84"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="5634.95"/> | <input type="text" value="112676.50"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="82533.34"/> | <input type="text" value="82533.34"/> |
| 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)..... | 15074.65 | 109853.10 |
| (ii) Unitemized | 1269.60 | 32552.39 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 16344.25 | 142405.49 |
| (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) | 16344.25 | 142405.49 |
| 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 | 1000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 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))..... ▶ | 16344.25 | 144958.64 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 16344.25 | 144958.64 |

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 | 134.95 | 1695.74 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 134.95 | 1695.74 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 5500.00 | 110500.00 |
| 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)) .. | 5634.95 | 112676.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5634.95 | 112676.50 |

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) | 16344.25 | 142405.49 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 480.76 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16344.25 | 141924.73 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 134.95 | 1695.74 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 134.95 | 1695.74 |

**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 44 |
| | <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 | |

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. Maureen Lyden Green | | | Date of Receipt |
| Mailing Address 920 Winter Street | | | <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : 8826215 |
| Waltham | MA | 02451 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="300.00"/> |
| Name of Employer | Occupation | | |
| Fresenius Medical Care NA | VP of Marketing, HT | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="300.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. Lisa Dombro | | | Date of Receipt |
| Mailing Address 927 Prairie Avenue | | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : PR110048114508 |
| Park Ridge | IL | 60068 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="384.62"/> |
| Name of Employer | Occupation | | |
| Fresenius Medical Care NA | Senior Vice President | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="4230.82"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

P/R Deduction (\$384.62 Monthly)

| | | | |
|---|--|----------|---|
| Full Name (Last, First, Middle Initial) C. Karen Butler | | | Date of Receipt |
| Mailing Address 920 Winter Street | | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : PR117492114508 |
| Waltham | MA | 02451 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="20.00"/> |
| Name of Employer | Occupation | | |
| Fresenius Medical Care NA | Senior Director Clinical Technology Tr | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="220.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

P/R Deduction (\$20.00 Monthly)

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="704.62"/> |
| 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 7 OF 44 |
| | <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. Tracey E Ramsey Abbott

Mailing Address 8620 Burnet Rd, Suite 400

City Austin State TX Zip Code 78757

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

Name of Employer Fresenius Medical Care NA Occupation RN COM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR117492314508

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 525 Sycamore Drive

City Milpitas State CA Zip Code 95035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR117492614508

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$76.92 Monthly)

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

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 ▼ **550.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR117493014508

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 44 |
| <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. Ronald 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 Sr. Benefits Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR117493114508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 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 ▼ 440.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR117493514508
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

C. Richard Alderson
Full Name (Last, First, Middle Initial)
Mailing Address One Cityplace Drive
City St. Louis State MO Zip Code 63141
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 11 / 24 / 2014
Transaction ID : PR117601514508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 44 |
| | (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. Donald N Cantalupo

Mailing Address 100 Patterson Plank Rd, #313

City Jersey City State NJ Zip Code 07307

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

Name of Employer Fresenius Medical Care NA Occupation RSM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR117601814508

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2219 Hollywood Blvd, Suite 101

City Hollywood State FL Zip Code 33020

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

Name of Employer Fresenius Medical Care NA Occupation Senior Construction Estimator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **328.89**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR117601914508

Amount of Each Receipt this Period **34.62**

P/R Deduction (\$34.62 Monthly)

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

Mailing Address 516 Goldenwest

City Huntington Beach State CA Zip Code 92648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR117602014508

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$76.92 Monthly)

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 44 |
| | <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. Robert D Crick
Full Name (Last, First, Middle Initial)

Mailing Address 3501 Moyers Circle, Suite 200

City State Zip Code
Masonic Home KY 40041

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

Name of Employer Occupation
Fresenius Medical Care NA RVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR117602114508

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 920 Winter Street

City State Zip Code
Waltham MA 02451

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR117602314508

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. Kimberly Tecca
Full Name (Last, First, Middle Initial)

Mailing Address 1402 Modeste Dr

City State Zip Code
League City TX 77573

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR117602414508

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **108.46**

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 11 OF 44 |
| | <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. Jeffrey Perritano
Full Name (Last, First, Middle Initial)
Mailing Address 111 E Elizabeth
City Clinton State NC Zip Code 28328
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 ▼ 253.66

Date of Receipt: 11 / 24 / 2014
Transaction ID : PR117631414508
Amount of Each Receipt this Period: 23.06
P/R Deduction (\$23.06 Monthly)

B. Joseph Ruma
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 Development Acquisitions
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 11 / 24 / 2014
Transaction ID : PR120637114508
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$60.00 Monthly)

C. Brian Silva
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter Street
City Waltham State MA Zip Code 02451
FEC ID number of contributing federal political committee. **C**
Name of Employer: Fresenius Medical Care NA Occupation: SVP, Human Resources & Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3846.20

Date of Receipt: 11 / 24 / 2014
Transaction ID : PR124957114508
Amount of Each Receipt this Period: 384.62
P/R Deduction (\$384.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 467.68
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 44 |
| <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. Marion Andersen

Mailing Address 475 West 13th Street

City Ogden State UT Zip Code 84404

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

Name of Employer Fresenius Medical Care NA Occupation Principal Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 / /
Transaction ID : PR127647314508

Amount of Each Receipt this Period

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 1421 Champion Forest Ct

City Wheaton State IL Zip Code 60187

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

Name of Employer Fresenius Medical Care NA Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 / /
Transaction ID : PR127647414508

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Monthly)

Full Name (Last, First, Middle Initial)
C. Robert Scott Knox

Mailing Address 900 Circle 75 Pkwy SE, Suite 1080

City Atlanta State GA Zip Code 30022

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

Name of Employer Fresenius Medical Care NA Occupation Sr. Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 / /
Transaction ID : PR127647714508

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Monthly)

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="116.92"/> |
| 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 13 OF 44 |
| | <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 ▼ 4230.61

Date of Receipt 11 / 24 / 2014
Transaction ID : PR78835814508
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$384.60 Monthly)

B. Nicholas Brownlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Deer Grass Ln
 City Acton State MA Zip Code 01720-4755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation President SRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.67

Date of Receipt 11 / 24 / 2014
Transaction ID : PR78836514508
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fresenius Medical Care NA Occupation Director, Advocacy & Gov Affai
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR78837414508
 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 14 OF 44 |
| <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 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 ▼ **846.12**

Date of Receipt
 / /
Transaction ID : PR78837514508

Amount of Each Receipt this Period

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 ▼ **846.12**

Date of Receipt
 / /
Transaction ID : PR78837914508

Amount of Each Receipt this Period

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 ▼ **423.06**

Date of Receipt
 / /
Transaction ID : PR78839114508

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Monthly)

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="192.30"/> |
| 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: PAGE 15 OF 44
(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
 11 / 24 / 2014

Transaction ID : PR78839614508

Amount of Each Receipt this Period
 76.00

P/R Deduction (\$76.00 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
 11 / 24 / 2014

Transaction ID : PR78839714508

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$300.00 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 ▼
 2538.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR78839914508

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: | PAGE 16 OF 44 |
| | (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. 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 ▼
1474.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR78840014508

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 ▼
2860.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR78840114508

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 ▼
846.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR78840514508

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 17 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Stephanie 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

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

Name of Employer Occupation
Fresenius Medical Care NA Director, Home Therapies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
11 / 24 / 2014
Transaction ID : **PR78840614508**

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

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 ▼
682.00

Date of Receipt
11 / 24 / 2014
Transaction ID : **PR78840714508**

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

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

Name of Employer Occupation
Fresenius Medical Care NA Director of Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.92

Date of Receipt
11 / 24 / 2014
Transaction ID : **PR78849514508**

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 18 OF 44 |
| <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. 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 ▼ **846.12**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR78850014508
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$76.92 Monthly)

B. K. Brett Heiner
Full Name (Last, First, Middle Initial)
Mailing Address 874 West 1145 North
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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR78851014508
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$20.00 Monthly)

C. 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 ▼ **846.12**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR78851514508
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$76.92 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 173.84 |
| 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 19 OF 44 |
| | <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
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : PR78852414508
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 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
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : PR78853614508
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 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
M M / D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : PR78853814508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| 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 20 OF 44 |
| | <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. Wm Gary Livesay | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78854314508 |
| Mailing Address 520 10th Avenue South | | Amount of Each Receipt this Period 20.00 |
| City Surfside Beach | State MA | Zip Code 29575-3213 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Monthly) |
| 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 ▼ 220.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mark R Fawcett | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78855814508 |
| Mailing Address 100 Franklin Street | | Amount of Each Receipt this Period 38.46 |
| City Arlington | State MA | Zip Code 02474-3214 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$38.46 Monthly) |
| 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 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Jessica Orlando | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78855914508 |
| Mailing Address 93 Russell Street | | Amount of Each Receipt this Period 23.06 |
| City Waltham | State MA | Zip Code 02453-8510 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$23.06 Monthly) |
| 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 ▼ 253.66 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 81.52 |
| 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 44 |
| | <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 Sweet
Full Name (Last, First, Middle Initial)

Mailing Address 2620 Old Shell Rd

City State Zip Code
Mobile AL 36607-2921

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

Name of Employer Occupation
Fresenius Medical Care NA Director, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR78856314508

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 6100 Bandera Rd Suite 600
Suite 600

City State Zip Code
San Antonio TX 78238-1667

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

Name of Employer Occupation
Fresenius Medical Care NA Regional Director of Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR78856514508

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 801 Pennsylvania Ave NW Suite 225
Suite 225

City State Zip Code
Washington DC 20004-2604

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
11 / 24 / 2014
Transaction ID : PR78857514508

Amount of Each Receipt this Period
38.46

P/R Deduction (\$38.46 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.46

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 22 OF 44 |
| | <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. Cathleen O'Keefe | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78858714508 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 4995.30 |
| 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 Regulatory Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4995.30 | |
| | | P/R Deduction (\$4995.30 Monthly) |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Jayme Patterson | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78859014508 |
| Mailing Address 475 West 13th Street | | Amount of Each Receipt this Period 40.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |
| | | P/R Deduction (\$40.00 Monthly) |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Judith Moran | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78860014508 |
| Mailing Address 2201 South Clinton Ave 2nd Floor 2nd Floor | | Amount of Each Receipt this Period 38.46 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 423.06 | |
| | | P/R Deduction (\$38.46 Monthly) |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5073.76 |
| 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 23 OF 44 |
| | <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 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 ▼ **4230.82**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR78860814508

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 ▼ **880.00**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR78862914508

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 ▼ **423.06**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR78863114508

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 24 OF 44 |
| | <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. Jacqueline Wenzler | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR78863214508 |
| Mailing Address 100 Galleria Parkway Suite 500 Suite 500 | | Amount of Each Receipt this Period 20.00 |
| 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 (\$20.00 Monthly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Geronia F Parlier | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR79795914508 |
| Mailing Address 6100 Dutchmans Lane, 8th Floor | | Amount of Each Receipt this Period 38.46 |
| 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 (\$38.46 Monthly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Jenny Lee Fischer | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR79796514508 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 38.46 |
| 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 (\$38.46 Monthly) |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 96.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 OF 44 |
| | (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. Michelle Gazella | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR79796714508 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 27.00 |
| 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 ▼ 297.00 | |
| | | P/R Deduction (\$27.00 Monthly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Thomas C Graham | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR79796814508 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 50.00 |
| 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 ▼ 550.00 | |
| | | P/R Deduction (\$50.00 Monthly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Terry L Ketchersid | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR79797614508 |
| Mailing Address 920 Winter Street | | Amount of Each Receipt this Period 100.00 |
| 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 ▼ 1100.00 | |
| | | P/R Deduction (\$100.00 Monthly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 177.00 |
| 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 26 OF 44 |
| | <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. 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 **11 / 24 / 2014**

Transaction ID : PR79797814508

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$19.24 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 **11 / 24 / 2014**

Transaction ID : PR79798314508

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 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 **11 / 24 / 2014**

Transaction ID : PR81310814508

Amount of Each Receipt this Period **76.92**

P/R Deduction (\$76.92 Monthly)

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 134.62 |
| 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 27 OF 44 |
| | <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. Christopher Fonvielle

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 ▼ **264.00**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR81310914508

Amount of Each Receipt this Period: **24.00**

P/R Deduction (\$24.00 Monthly)

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

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: **11 / 24 / 2014**

Transaction ID : PR83067514508

Amount of Each Receipt this Period: **100.00**

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
c. Charles Lynch

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 ▼ **4933.79**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR85848814508

Amount of Each Receipt this Period: **2449.71**

P/R Deduction (\$2449.71 Monthly)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2573.71 |
| 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 28 OF 44 |
| | <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. Keith Alderman

Mailing Address 5268 East Raines Road

City Memphis State TN Zip Code 38118

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 **11 / 24 / 2014**

Transaction ID : PR87329914508

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 3545 Wilshire Blvd, Suite 103

City Los Angeles State CA Zip Code 91342

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 ▼ **226.95**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR87330214508

Amount of Each Receipt this Period **7.70**

P/R Deduction (\$7.70 Monthly)

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

Mailing Address 511 N Brookhurst Street, Suite 100 Suite 100

City Anaheim State CA Zip Code 92801

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

Name of Employer Fresenius Medical Care NA Occupation Clincl Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR87330314508

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **67.70**

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 29 OF 44 |
| <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. Mignon Early | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR87330414508 |
| Mailing Address 124 Verdae Blvd | | Amount of Each Receipt this Period 60.00 |
| City Greenville | State SC | Zip Code 29650 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$60.00 Monthly) |
| Name of Employer Fresenius Medical Care NA | Occupation Regional Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 660.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Nancy Diane Carter | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR93418914508 |
| Mailing Address 1607 Revella Arch | | Amount of Each Receipt this Period 50.00 |
| City Chesapeake | State VA | Zip Code 23322 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$50.00 Monthly) |
| Name of Employer Fresenius Medical Care NA | Occupation Physician Contracting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. William Crawford | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR93419114508 |
| Mailing Address 100 Galleria Parkway, Suite 1200 | | Amount of Each Receipt this Period 38.46 |
| City Atlanta | State GA | Zip Code 30339 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$38.46 Monthly) |
| Name of Employer Fresenius Medical Care NA | Occupation VP Finance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 423.06 | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 44 |
| | <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 ▼ 496.29

Date of Receipt 11 / 24 / 2014
Transaction ID : PR93419314508
Amount of Each Receipt this Period 23.10
P/R Deduction (\$23.10 Monthly)

B. Janice D Lindsay
Full Name (Last, First, Middle Initial)
Mailing Address 111 Elizabeth Street
City Clinton State NC Zip Code 28323
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 11 / 24 / 2014
Transaction ID : PR93420414508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

C. Deanna Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 8688 Broadway
City Merrillville State IN Zip Code 46410
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 ▼ 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR93420814508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.10
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 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Steve Shaw
Full Name (Last, First, Middle Initial)
Mailing Address 920 Winter 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 ▼ 440.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR93420914508
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. Paul Smith
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 Director Biomedical Support Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR93421214508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 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 11 / 24 / 2014
Transaction ID : PR93696414508
Amount of Each Receipt this Period 23.08
P/R Deduction (\$23.08 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.08
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 32 OF 44 |
| | <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. 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 ▼ **264.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR93696514508

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 ▼ **330.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR93696614508

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. Domenic Gaeta

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 **11 / 24 / 2014**

Transaction ID : PR93697014508

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **74.00**

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 33 OF 44 |
| | <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. 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 **11 / 24 / 2014**

Transaction ID : PR93697214508

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 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 **11 / 24 / 2014**

Transaction ID : PR93697814508

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$200.00 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 ▼ **423.06**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR93698014508

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 276.92 |
| 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 34 OF 44 |
| | <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 11 / 24 / 2014
Transaction ID : PR93698614508
Amount of Each Receipt this Period 19.24
P/R Deduction (\$19.24 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 11 / 24 / 2014
Transaction ID : PR93698814508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 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 ▼ 660.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR93698914508
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 99.24
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 44 |
| | <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. 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: **11 / 24 / 2014**
Transaction ID : PR93699214508

Amount of Each Receipt this Period: **20.00**

P/R Deduction (\$20.00 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: **11 / 24 / 2014**
Transaction ID : PR93699514508

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

P/R Deduction (\$110.00 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: **11 / 24 / 2014**
Transaction ID : PR93699714508

Amount of Each Receipt this Period: **20.00**

P/R Deduction (\$20.00 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: (check only one) | PAGE 36 OF 44 |
| <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 ▼ **846.12**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR93700014508

Amount of Each Receipt this Period

| |
|-------|
| 76.92 |
|-------|

P/R Deduction (\$76.92 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR93700114508

Amount of Each Receipt this Period

| |
|-------|
| 38.46 |
|-------|

P/R Deduction (\$38.46 Monthly)

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

Mailing Address 5251 DTC Parkway, Suite 700

| | | |
|---------------------------|-------------|-------------------|
| City Greenwood Village | State CO | Zip Code 80111 |
|---------------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR93700214508

Amount of Each Receipt this Period

| |
|-------|
| 38.46 |
|-------|

P/R Deduction (\$38.46 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 153.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 44 |
| | <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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94193214508

Amount of Each Receipt this Period

| |
|-------|
| 76.92 |
|-------|

P/R Deduction (\$76.92 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94193314508

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

P/R Deduction (\$35.00 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94193514508

Amount of Each Receipt this Period

| |
|-------|
| 23.10 |
|-------|

P/R Deduction (\$23.10 Monthly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 135.02 |
| 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 44 |
| | <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. Patrick McCarthy
Full Name (Last, First, Middle Initial)
Mailing Address 82 Belcher Dr
City Sudbury State MA Zip Code 01776
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation SVP Sales & Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2640.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR94193614508
Amount of Each Receipt this Period 240.00
P/R Deduction (\$240.00 Monthly)

B. Jayanta Ray
Full Name (Last, First, Middle Initial)
Mailing Address 5215 N. O'Connor Blvd, Suite 1100
City Irving State TX Zip Code 75039
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR94193714508
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. Alex J Rosenblum
Full Name (Last, First, Middle Initial)
Mailing Address 5215 N. O'Connor Blvd, Suite 1100
City Irving State TX Zip Code 75039
FEC ID number of contributing federal political committee. **C**
Name of Employer Fresenius Medical Care NA Occupation VP Quality Improvement
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR94193814508
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 310.00
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 39 OF 44 |
| | <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. 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: 11 / 24 / 2014
Transaction ID : PR94194114508

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

P/R Deduction (\$80.00 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: 11 / 24 / 2014
Transaction ID : PR94305114508

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

P/R Deduction (\$50.00 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: 11 / 24 / 2014
Transaction ID : PR94305214508

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **160.00**

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 40 OF 44 |
| | <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. 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94305314508

Amount of Each Receipt this Period

| |
|--------|
| 660.00 |
|--------|

P/R Deduction (\$60.00 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94305414508

Amount of Each Receipt this Period

| |
|-------|
| 38.46 |
|-------|

P/R Deduction (\$38.46 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94306214508

Amount of Each Receipt this Period

| |
|-------|
| 20.00 |
|-------|

P/R Deduction (\$20.00 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 41 OF 44 |
| | <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. 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94307014508

Amount of Each Receipt this Period

| |
|-------|
| 38.46 |
|-------|

P/R Deduction (\$38.46 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94307314508

Amount of Each Receipt this Period

| |
|-------|
| 20.00 |
|-------|

P/R Deduction (\$20.00 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 |
| 11 | / | 24 | / | 2014 |

Transaction ID : PR94307414508

Amount of Each Receipt this Period

| |
|-------|
| 23.06 |
|-------|

P/R Deduction (\$23.06 Monthly)

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 81.52 |
| 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 44
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Michael Tully

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: **11 / 24 / 2014**

Transaction ID : PR94307514508

Amount of Each Receipt this Period: **30.00**

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
B. 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 ▼ **846.12**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR99993914508

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

P/R Deduction (\$76.92 Monthly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 106.92 |
| TOTAL This Period (last page this line number only).....▶ | 15074.65 |

**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 |

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. 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 : 8820023

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. Idaho Conservative Growth Fund

Mailing Address 25 East Masonic View Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Idaho Conservative Growth Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : 8773028

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Markey Committee; The

Mailing Address PO Box 526

City State Zip Code
Medford MA 02155

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Edward Markey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : 8776088

Amount of Each Disbursement this Period

2500.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

5500.00

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

5500.00